

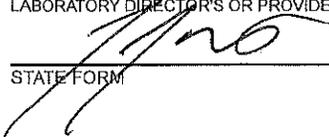
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during an Initial and Complaint survey completed on 09/14/22, in accordance with the state requirements pursuant to the 7.8.2 NMAC Regulations for Assisted Living Facilities for Adults.</p> <p>Complaint Intake ID #NM00050078 was substantiated with deficiencies cited.</p> <p>ABBREVIATIONS:</p> <ol style="list-style-type: none"> 1. Resident: R 2. New Mexico: NM 3. Assisted Living Facility: ALF 4. Direct Care Staff: DCS 5. Resident Care Assistant: RCA 6. Activities of Daily Living: ADLs 7. Individual Service Plan: ISP 8. Individual Care Plan: ICP 9. History and Physical: H&P 10. Power of Attorney: POA 11. Incident Report: IR 12. Registered Nurse: RN 13. Licensed Practical Nurse: LPN 14. Certified Nurse Practitioner: CNP 15. Physicians Extender: PE 16. Policy and Procedure: P/P 17. Emergency Medical Services: EMS 18. Emergency Room: ER 19. Centimeters: cm 20. Fahrenheit: F 21. fluid ounces: fl oz 22. microgram: mcg 23. milligrams: mg 24. New Mexico Administrative Code: NMAC 25. New Mexico Department of Health - Division of Health Improvement: NM DOH - DHI 	A 000		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X8) DATE
11/9/20

Division of Health Improvement

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A 016	Continued From page 1	A 016		
A 016	<p>7 NMAC 8.2.16 Staff Qualifications</p> <p>STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.</p> <p>A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall:</p> <ol style="list-style-type: none"> (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. <p>B. Direct care staff:</p> <ol style="list-style-type: none"> (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and 	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 2</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC.</p> <p>[7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: STAFF QUALIFICATIONS 7.8.2.16 B. (5) (b) (d)</p> <p>Based on record review and interview, the facility failed to ensure that employees who provide</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 3</p> <p>transportation to residents have documentation on file in the personnel records for the following:</p> <ol style="list-style-type: none"> 1. Training in transportation safety for the elderly and disabled, including safe vehicle operation. 2. Documentation of a clean driving record. <p>These deficient practices could potentially result in the 17 (R #s 1-17) residents identified on the census list provided by the Assistant Administrator on 08/22/22, to be at risk for harm, injury and/or even death if:</p> <ol style="list-style-type: none"> 1. The facility staff who provide transportation have not received the minimum the required trainings per these regulations upon hire and annually. 2. The facility staff who provide transportation have a history of any driving citations and/or traffic violations which could potentially be considered as unsafe driving practices. <p>The findings are:</p> <p>A. Record review of Administrator #1's file revealed, no documentary evidence that she had completed the training for transportation safety for the elderly and disabled and proof of a clean driving record.</p> <p>B. Record review of Administrator #2's file revealed, no documentary evidence that he had completed the training for transportation safety for the elderly and disabled and proof of a clean driving record.</p> <p>C. Record review of the Assistant Administrator's file revealed, no documentary evidence that she had completed the training for transportation safety for the elderly and disabled and proof of a clean driving record.</p>	A 016	<p><i>A016</i></p> <p><i>8/24/22 Administrator #1, #2 and #3 completed Passenger Assistance - Motor Vehicle Operation Course. Certificates of Completion in employee file.</i></p> <p><i>9/15/22 DMV Driving History obtained for Administrator #1, #2 + #3. A copy was placed in the employee files.</i></p> <p><i>Administrator will monitor to ensure training + driving history are kept up to date.</i></p>	<p><i>9/15/22</i></p> <p><i>Annually</i></p>

Division of Health Improvement

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A 016	Continued From page 4 D. On 08/24/22 at 11:04 am, during an interview with the facility's Assistant Administrator, she confirmed that the above staff had not completed the training indicated above and no documentary evidence of a clean driving record on file.	A 016		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the	A 017		

Division of Health Improvement

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A 017	Continued From page 5 certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: STAFF TRAINING 7.8.2.17 C. (1) - (12) Based on record review and interview, the facility failed to ensure that there was documentary evidence on file in the personnel records for proof of the minimum training competency for initial training at orientation and thereafter annually for the facility's Resident Care Assistants (RCA). This deficient practice could potentially result in the 17 (R #s 1-17) residents identified on the census list provided by the Assistant Administrator on 08/22/22, to be at risk for harm if staff, have lack of knowledge and/or competency for providing direct care to the residents. The findings are: A. Record review of the facility's files for RCA #1, 2, 3, and 4, revealed there was no documentary evidence for proof of competency for the following minimum required trainings: 1. Fire safety and evacuation 2. Safe food handling practices (for persons	A 017	A017 Overhauled facility training program to use TRAIN New Mexico and Medicine University online courses for all required trainings. This will allow for documentary evidence + proof of testing for employee files Staff training thru the online courses commenced in Nov 22. All staff will be in full compliance by mid December. Admin. staff will monitor online transcripts and training records to ensure proper training is received & documented in employee files.	10/1/22 12/15/22 Monthly

Division of Health Improvement

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A 017	<p>Continued From page 6</p> <p>involved in food preparation and service), to include:</p> <ul style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; <p>3. Confidentiality of records and resident's information;</p> <p>4. Residents' rights;</p> <p>5. Reporting requirements for abuse, neglect, or exploitation in accordance with 7.1.13 NMAC;</p> <p>6. Smoking policy for staff, residents, and visitors;</p> <p>7. Emergency procedures;</p> <p>8. The proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>B. On 08/24/22 at 4:05 pm, during an interview with the facility's Administrator #2, he confirmed that there was no documentation for proof of competency for the above staff trainings.</p>	A 017		
A 020	<p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident's surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care.</p> <p>A. Admission agreement. The admission agreement shall include the following information:</p> <ul style="list-style-type: none"> (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of 	A 020		

Division of Health Improvement

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A 020	Continued From page 7 payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes	A 020		

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A 020	<p>Continued From page 8</p> <p>in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as "specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or</p>	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 9</p> <p>is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <p>(1) Convene a team, comprised of:</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident ' s surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p>	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 10</p> <p>D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: ADMISSION And DISCHARGE 7.8.2.20 A. (5) B. (11)</p> <p>Refer to Senate Bill (SB) 0335 - 2013</p> <p>AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.--</p>	A 020		

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A 020	<p>Continued From page 11</p> <p>A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings.</p> <p>B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.</p> <p>C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."</p> <p>SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.</p> <p>Based on record review and interview, the facility failed to ensure for 5 (R #s 1-5) residents that:</p> <p>1. The Admission and Discharge Agreements which were reviewed for compliance, included a complete refund provision in case of death that is in compliance with 7.8.2.20 NMAC Regulations for Assisted Living Facilities For Adults and the</p>	A 020		

Division of Health Improvement

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	<p>Continued From page 12</p> <p>Senate Bill (SB) 0335 - 2013.</p> <p>2. The facility failed to ensure for 1 (R #2) of 5 residents whose condition, or circumstances required twenty-four (24) continuous nursing care such as an ostomy (a surgical opening created to connect the bowel to the outside of the abdomen to allow bodily waste to pass through) unless the resident is able to provide self-care was admitted or retained.</p> <p>These deficient practices could potentially affect the health, safety, and welfare of the residents if:</p> <ol style="list-style-type: none"> 1. The resident's guardian and/or Power of Attorney are not aware of receiving monies owed or aware of additional charges that may be incurred upon the resident's death. 2. The resident is not capable of caring for their ostomy or changing the ostomy bag, the resident could develop complications if: <ol style="list-style-type: none"> (a) Lack of knowledge on when to change the ostomy bag. (b) Lack of knowledge on removing the ostomy bag. (c) Lack of knowledge on how to clean the ostomy stoma and surrounding skin. (d) Not aware when to empty the ostomy bag which could cause the bag to get heavy and cause the adhesive barrier to loosen from the skin. (e) Skin irritation and/or damage from the leakage around the ostomy bag. (f) Knowing when to call the primary care provider or nurse for any problems, or concerns/questions. <p>The findings for the Admission and Discharge Agreement are:</p> <p>A. Record review of the following resident's Admission and Discharge agreement, revealed the agreement did not include a complete refund</p>	A 020	<p>A020 A Language added to admission contract to include refund provision in case of death. Contract addendum presented to all existing residents or their POAs to include refund provision. A copy of which is in their resident file. Administrator to ensure this refund provision is included in all admission contracts.</p>	<p>10/1/22</p> <p>Ongoing</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 020	<p>Continued From page 13</p> <p>provision in case of death:</p> <ol style="list-style-type: none"> R #1's Admission/Discharge agreement dated [redacted] 17. R #2's Admission/Discharge agreement dated [redacted] 22. R #3's Admission/Discharge agreement dated [redacted] 21. R #4's Admission/Discharge agreement dated [redacted] 22. R #5's Admission/Discharge agreement dated [redacted] 21. <p>B. On 08/24/22 at 12:54 pm, during an interview with the Assistant Administrator, she confirmed that the above residents Admission and Discharge agreements did not include a complete refund provision in case of death.</p> <p>Finding regarding R #2 ostomy care are:</p> <p>C. Record review of the facility's file for R #2, revealed [redacted] was admitted on [redacted] 22 to the facility with an ostomy and no documentary evidence that she was able to provide self-care for her ostomy.</p> <p>D. On 08/24/22 at 1:49 pm, during interview with R #2, [redacted] stated that [redacted] did not know how to care for or change [redacted] ostomy bag and that the caregivers do it for [redacted].</p> <p>E. On 08/24/22 at 3:40 pm, during an interview with the facility's Assistant Administrator (AA), she confirmed that the caregivers and her (AA) have been providing R #2 the ostomy care since [redacted] admission on [redacted] 22.</p>	A 020	<p>A020 C-E</p> <p>A team consisting of the facility administrator, contacted healthcare professional, PCP for R#2 and the POA for R#2 it has been convened and will meet to finalize the determination on the continued residency of R#2. If it is determined that residency will continue, team approval will be documented, signed + dated and kept in R#2's file.</p> <p>Administrator to ensure any new admissions meet state guidelines or if necessary the proper procedural steps are met prior to admission for exemption.</p>	10/20/22
A 021	7 NMAC 8.2.21 Resident Records	A 021		Ongoing

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 021	<p>Continued From page 14</p> <p>RESIDENT RECORDS:</p> <p>A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include:</p> <p>(1) the admission agreement records, as set forth in 7.8.2.20 NMAC;</p> <p>(2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months;</p> <p>(3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months;</p> <p>(4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission;</p> <p>(5) personal and demographic information for the resident, to include:</p> <p>(a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary;</p> <p>(b) resident's name;</p> <p>(c) age;</p> <p>(d) recent photograph;</p> <p>(e) marital status;</p> <p>(f) date of birth;</p> <p>(g) sex;</p> <p>(h) address prior to admission;</p> <p>(i) religion (optional);</p> <p>(j) personal physician;</p>	A 021		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 021	Continued From page 15 (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;	A 021		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 021	<p>Continued From page 16</p> <p>(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and</p> <p>(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.</p> <p>B. Resident records maintenance.</p> <p>(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.</p> <p>(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.</p> <p>(4) There shall be a policy and procedure in place for record retention in the event of facility closure.</p> <p>(5) Failure to follow facility policies is grounds for sanctions.</p> <p>[7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: RESIDENT RECORDS 7.8.2.21 A. (5)</p> <p>Based on record review and interview, the facility failed to ensure for 5 (R #s 1-5) residents whose records were reviewed for compliance to include</p>	A 021		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 021	<p>Continued From page 17</p> <p>on the personal and demographic information the following:</p> <ol style="list-style-type: none"> 1. Age 2. Marital status 3. Address prior to admission 4. Dentist 5. Language spoken and understood 6. Current medications list 7. Required diet <p>This deficient practice could potentially result in the 17 (R # 1-17) residents identified on the resident census list provided by the Assistant Administrator on 08/22/22, are at risk for harm, and/or illness if the facility does not include the required information.</p> <p>The findings are:</p> <p>A. Record review of the facility's record for R #1 admitted on [redacted] 17, R #2 admitted on [redacted] 22 and R #3 admitted on [redacted] 21, were missing the following information on the personal and demographic/contact sheet:</p> <ol style="list-style-type: none"> 1. Age 2. Marital status 3. Address prior to admission 4. Dentist 5. Language spoken and understood 6. Current medications list 7. Required diet <p>B. Record review of the facility's record for R #4 admitted on 07/29/22, and R #5 admitted on 07/29/22, were missing the following information on the personal and demographic/contact sheet:</p> <ol style="list-style-type: none"> 1. Age 2. Address prior to admission 3. Dentist 4. Language spoken and understood. 	A 021	<p>A021 Updated all resident's demographic pages to include all required information to include age, marital status, address prior to admission, dentist, language spoken and understood, current medications list and required diet.</p> <p>Assistant administrator to monitor & maintain all resident records to ensure all necessary information is included on demographic sheets and is kept up to date.</p>	<p>9/20/22</p> <p>Monthly + upon Admission</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 021	Continued From page 18 5. Current medications list 6. Required diet C. On 08/25/22 at 10:52 am, during an interview with the facility's Administrator #1 and #2 and the Assistant Administrator, they confirmed that the above resident's personal and demographic information sheet did not have the required information listed above.	A 021		
A 022	7 NMAC 8.2.22 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 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	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 022	<p>Continued From page 19</p> <p>of that determination must also be maintained;</p> <p>(7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction;</p> <p>(8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks;</p> <p>(9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable;</p> <p>(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 included 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:</p> <p>(a) an emergency that affects just the facility; and</p> <p>(b) a region/area wide emergency;</p> <p>(11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC);</p> <p>(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 self-administration of medications or safeguards with regard to medications for the residents; and</p> <p>(13) vaccination records for pets in the facility.</p> <p>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:</p> <p>(1) a copy of the facility license;</p>	A 022		

Division of Health Improvement

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A 022	<p>Continued From page 20</p> <p>(2) employee personnel records, including an application for employment, training records and personnel actions:</p> <p>(a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC;</p> <p>(b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and</p> <p>(3) a copy of all waivers or variances granted by the licensing authority.</p> <p>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:</p> <p>(1) resident use of tobacco and alcohol;</p> <p>(2) resident use of facility telephone or personal cell phone;</p> <p>(3) resident use of television, radio, stereo and cd;</p> <p>(4) the use and safekeeping of residents ' personal property;</p> <p>(5) meal availability and times;</p> <p>(6) resident use of common areas;</p> <p>(7) accommodation of resident ' s pets; and</p> <p>(8) resident use of electric blankets and appliances.</p> <p>D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas:</p> <p>(1) actions to be taken in case of accidents or emergencies;</p> <p>(2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission;</p> <p>(3) policy for medication errors;</p> <p>(4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or</p>	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 022	Continued From page 21 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 7.1.13 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; (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	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 022	Continued From page 22 (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: FACILITY REPORTS, RECORDS, RULES, POLICIES 7.8.2.22 A. (10) Based on record review and interview, the facility failed to ensure that the facility had written emergency plans for medical emergencies, power failures, fire or natural disaster which included the following: 1. Plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; 2. Plans shall also include a list of transportation resources that are immediately available to transport residents to another location in an emergency; 3. 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. These deficient practices could potentially result in the 17 (R # 1-17) residents identified on the resident census list provided by the Assistant Administrator on 08/22/22, are at risk for harm, injury, illness, or death and property damage if the facility:	A 022		

Division of Health Improvement

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A 022	<p>Continued From page 23</p> <p>1. Has a poorly prepared plan for evacuating residents and employees which could result in confusion and disorganization.</p> <p>2. Staff are not familiar with the emergency preparedness plans to effectively evacuate residents, visitors, and employees.</p> <p>3. Does not work in collaboration with the local region/area authorities, hospital, clinics, emergency transportation services, fire department, law enforcement and other critical agencies with the facility's emergency preparedness plans.</p> <p>The findings are:</p> <p>A. Record review of the facility's Policies and Procedures binder revealed the facility did not have a written emergency preparedness plan.</p> <p>B. On 08/23/22 at 3:00 pm, during an interview with the facility's Administrator #1, she confirmed that the facility does not have written emergency plans which includes the above requirements indicated.</p>	A 022	<p>A022 Emergency Preparedness Plan is being written. Coordination with local authorities for response, transport & evacuation assistance is underway. To be completed by end of the month.</p> <p>Administrator to review plan annually and update or revise as needed.</p>	11/1/22 Annually
A 023	<p>7 NMAC 8.2.23 Pets</p> <p>PETS: Pets are permitted in a licensed facility, in accordance with the facility's rules.</p> <p>A. Prohibited areas. Animals are not permitted in food processing, preparation, storage, display and serving areas, or in equipment or utensil washing areas. Guide dogs for the blind and deaf and service animals for the handicapped shall be permitted in dining areas pursuant to Subsection K of 7.6.2.9 NMAC.</p> <p>B. Vaccination. Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on</p>	A 023		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 023	<p>Continued From page 24</p> <p>file in the facility. [7.8.2.23 NMAC - Rp, 7.8.2.24 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: PETS 7.8.2.23 B.</p> <p>Refer to 7.4.2.8 NMAC Animal Control Requirements</p> <p>VACCINATION OF DOGS AND CATS REQUIRED: A. Dogs and cats over the age of three months shall be vaccinated against rabies. The animal shall receive a booster within the 12-month interval following the initial vaccination. Every domestic dog and cat shall be revaccinated against rabies within 12 months if a 1-year vaccine is administered or within 36 months if a 3-year vaccine is administered with a rabies vaccine licensed by the United States Department of Agriculture and administered according to label recommendations. The "compendium of animal rabies control (CARC)," published by the national association of public health veterinarians, Inc., shall be the reference for the route of inoculation and the type of vaccine. Copies are available upon request from the department. B. Rabies vaccine shall not be distributed except to a veterinarian. C. The veterinarian who administers rabies vaccine to a dog or cat shall issue to the owner a serially numbered vaccination certificate containing the name of the veterinarian, the type of vaccine used, the initials of the producer of the vaccine, the name and address of the owner, a description of the dog or cat vaccinated, the date</p>	A 023		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 023	<p>Continued From page 25</p> <p>of vaccination, and the expiration date for the period of immunity. The veterinarian shall also furnish the owner with a tag bearing the certificate number and the year of the vaccination. The tag shall be affixed to the vaccinated dog or cat and shall be worn at all times the animal is not on the premises of the owner or otherwise confined. A combination rabies vaccination certificate and city/county license shall be permitted providing the certificate/license contains at least the above required information. D. Approved rabies vaccine shall be administered to the species, by the route and in the amount recommended by the producer of the vaccine and the latest CARC.</p> <p>E. Nothing herein shall prohibit the acceptance and recognition for purpose of compliance with this section of the administration of an approved rabies vaccine by a veterinarian licensed in another state.</p> <p>[8/27/79; 10/31/96; 7.4.2.8 NMAC - Rn & A, 7 NMAC 4.2.8, 5/30/2003]</p> <p>Based on record review and interview, the facility failed to ensure that the facility's "Certified Emotional Support Dog," had been vaccinated against rabies in accordance with all state and local requirements and kept on file in the facility.</p> <p>This deficient practice could potentially result for the 17 (R #s 1-17) residents listed on the census provided by the Administrator on 08/22/22, to be a risk of harm, illness, or death if the resident is bitten or exposed to the rabies virus from the dog that has not been vaccinated against rabies.</p> <p>The findings are:</p> <p>A. Record review of the facility's "Certified Emotional Support Dog" vaccination records revealed that the dog's date of birthday was</p>	A 023	<p>Rabies vaccination obtained for facility emotional support dog. A copy of which is on file at the facility.</p> <p>Assistant Administrator to monitor vaccination status and ensure they are up to date and on file at the facility.</p>	<p>8/27/22</p> <p>Annually</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 023	Continued From page 26 12/01/21 and had not received the required rabies vaccination at the age of over three months in accordance with the 7.4.2 NMAC Animal Control Requirements. B. On 08/25/22 at 10:52 am, during an interview with the facility's Assistant Administrator, she confirmed that she was not aware the facility's dog was old enough to receive the rabies vaccine and to receive the rabies vaccination booster within one year after the first vaccine and then annually or triennially thereafter depending upon the vaccine used.	A 023		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 025	<p>Continued From page 27</p> <p>communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 025	<p>Continued From page 28</p> <p>RESIDENT EVALUATION 7.8.2.25 D. E.</p> <p>Based on record review and interview, the facility failed to ensure for 6 (R #s 1-6) residents whose records were reviewed for compliance that:</p> <ol style="list-style-type: none"> The residents had a History and Physical (H&P) examination completed by a Primary Care Physician, a Nurse Practitioner or a Physician's Assistant within six (6) months of admission and thereafter at least annually. The resident's initial evaluations were reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender at the time the individual service plan is reviewed and reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident's health status. <p>These deficient practices could potentially affect the health, safety, and welfare of residents if:</p> <ol style="list-style-type: none"> The resident has not had a recent H&P examination which provides the facility with the resident's current and past medical diagnoses and health conditions, chronic conditions that need further evaluation and management, medications, limitations, allergies, and demographic information to assist the facility with the resident's baseline evaluation and developing the Individual Service Plan. The resident's evaluation was not reviewed by licensed personnel (LPN or RN) or a Physician Extender to verify that the level of assistance that is needed by the resident was: <ol style="list-style-type: none"> The appropriate level of assistance based on the resident's abilities and behaviors and health status. The Resident Care Assistants (RCA) are knowledgeable and providing the resident with 	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN BLESSINGS ASSISTED LIVING 400 SUNSET BLVD
LOGAN, NM 86426

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A 025	<p>Continued From page 29</p> <p>the level of assistance that is required according to the evaluation.</p> <p>The findings are:</p> <p>A. Record review of R #1's Individual Resident Evaluations done at a minimum of every 6 months dated 05/01/20, 11/28/21, and 07/12/22, had no documentary evidence that the evaluation was reviewed by a LPN, RN or a Physician Extender.</p> <p>B. Record review of R #2's initial Individual Resident Evaluation dated 04/14/22, had no documentary evidence that the evaluation was reviewed by a LPN, RN or a Physician Extender.</p> <p>C. Record review of R #3's initial Individual Resident (IR) Evaluation dated 12/20/21 and the 6-month IR Evaluation done on 06/15/22, had no documentary evidence that the evaluation was reviewed by a LPN, RN or a Physician Extender.</p> <p>D. Record review of R #4's initial Individual Resident Evaluation dated 08/03/22, had no documentary evidence that the evaluation was reviewed by a LPN, RN or a Physician Extender.</p> <p>E. Record review of R #5's facility record revealed the following: 1. The admission date to the facility was [REDACTED] 21, and a H&P was done on 04/21/21 but no annual H&P for 2022 was found in her record. 2. The initial Individual Resident Evaluation dated 06/01/21, had no documentary evidence that the evaluation was reviewed by a LPN, RN, or a Physician Extender.</p> <p>F. Record review of R #6's initial Individual Resident Evaluations dated 08/17/20, had no documentary evidence that the evaluation was</p>	A 025	<p><i>Assess</i> Coordinating with all resident PCPs to ensure a current history & physical examination is on file. All current resident evaluations are under review by healthcare professionals under contract to the facility. Signature and date fields have been added to evaluation forms to document they have been properly reviewed. Assistant administrator to ensure all new admissions have current H&P's on file. Also to review + maintain current residents records and schedule w/ PCPs as necessary to obtain updated H&P's. Assistant administrator to coordinate w/ contracted healthcare professionals to review + update evaluations every 6 months.</p>	<p>7/1/22</p> <p>Monthly + upon Admission</p> <p>Bi-Annually</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 025	Continued From page 30 reviewed by a LPN, RN or a Physician Extender. G. On 08/25/22 at 10:52 am, during an interview with the facility's Assistant Administrator, she confirmed the facility's form labeled, "Individual Resident Evaluation" is considered the Residents Evaluation form. The Assistant Administrator confirmed that R #5 was missing the annual H&P and the above resident's Evaluations did not have documentary evidence that the evaluations were reviewed by either a LPN, RN, or a Physician Extender.	A 025		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services;	A 026		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 026	<p>Continued From page 31</p> <p>(4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: INDIVIDUAL SERVICE PLAN 7.8.2.26 A. (2) B. (7) (9)</p> <p>Based on record review and interview the facility failed to ensure for 6 (R #s 1-6) residents whose facility records were reviewed for compliance that:</p> <ol style="list-style-type: none"> 1. The Individual Service Plans (ISPs) were reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender. 2. The ISPs included the expected goals and outcomes of the services. 3. The ISPs included the level of assistance that the resident will require with Activities of Daily Living (ADLs). <p>These deficient practices could potentially affect the health, safety, and welfare of residents if:</p>	A 026		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 026	<p>Continued From page 32</p> <p>1. Their ISPs are not reviewed by licensed personnel (LPN or RN) or a Physician Extender to verify that:</p> <p>(a) The facility is providing the resident appropriate level of assistance with ADLs based on the resident's abilities and behaviors and health status according to the evaluation and ISP.</p> <p>(b) The facility is providing the appropriate services the resident needs and any services needed by other agencies.</p> <p>2. The facility's Resident Care Assistants are not aware of the level of assistance that the resident requires with their ADLs.</p> <p>The findings are:</p> <p>A. Record review of R #1's ISPs dated 05/01/20, 11/28/21, and 07/12/22, had no documentary evidence that:</p> <p>(a) The [redacted] were reviewed by a LPN, RN, or a Physician Extender.</p> <p>(b) The [redacted] included the expected goals and outcomes of the services.</p> <p>(c) The [redacted] included the level of assistance that the resident will require with ADLs.</p> <p>B. Record review of R #2's [redacted] dated 04/14/22, had no documentary evidence that:</p> <p>(a) The [redacted] was reviewed by a LPN, RN, or a Physician Extender.</p> <p>(b) The [redacted] included the expected goals and outcomes of the services.</p> <p>(c) The [redacted] included the level of assistance that the resident will require with ADLs.</p> <p>C. Record review of R #3's [redacted] dated 12/20/21 and 08/15/22, had no documentary evidence that:</p> <p>(a) The [redacted] were reviewed by a LPN, RN, or a Physician Extender.</p> <p>(b) The [redacted] included the expected goals and</p>	A 026		

Division of Health Improvement

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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 026	Continued From page 34 required.	A 026		
A 029	<p>7 NMAC 8.2.29 Transportation</p> <p>TRANSPORTATION: The facility shall either provide transportation or assist the resident in using public transportation.</p> <p>A. The facility ' s motor vehicle transportation assistance program shall include the following elements:</p> <ul style="list-style-type: none"> (1) resident evaluation; (2) staff training in hazardous driving conditions; (3) safe passenger transport and assistance; (4) emergency procedures and use of equipment; (5) supervised practice in the safe operation of motor vehicles, maintenance and safety record keeping; and (6) copies of employee training certificates that give evidence of successful completion of any applicable course(s) shall be kept on site in the employee files. <p>B. To assist residents in using public transportation, the facility shall provide information on bus schedules, location of bus stops and telephone numbers of taxi cab companies.</p> <p>[7.8.2.29 NMAC - Rp, 7.8.2.30 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: TRANSPORTATION 7.8.2.29 B.</p> <p>Based on observation, record review and interview, the facility failed to ensure for 5 (R #1-5) residents whose records were reviewed for compliance were provided with information on</p>	A 029		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426		
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A 029	Continued From page 35 public transportation for bus schedules, location of bus stops and telephone numbers of taxicab companies. This deficient practice could potentially result in the 17 (R #s 1-17) residents listed on the census provided by the Administrator on 08/22/22, or their family, guardians and/or POA to have lack of knowledge regarding public transportation available. The findings are: A. On 08/22/22 at 2:40 pm, during a general tour of the facility, no information was observed posted on the facility's bulletin board or in any of the residents common living areas regarding public transportation available. B. On 08/22/22 at 2:40 pm, during an interview with the facility's Administrator #1, she confirmed that the facility does not have any information posted on public transportation available or provided the above information to the residents. C. On 08/24/22, during record review of R #1, 2, 3, 4, and 5 facility files revealed no documentary evidence that public transportation information was provided to the residents. D. On 08/25/22 at 10:52 am, during an interview with the facility's Administrator #1 and #2 and the Assistant Administrator, they confirmed that the above resident's files had no documentary evidence that public transportation information was provided.	A 029	<i>Information regarding public transportation was posted on facility's bulletin board. An addendum was presented to and signed by all existing residents or their POA's. A copy of which is in the resident files. Language was added to Admission Packet to properly notify new residents and/or their POA's about local public transportation. Administrator to ensure this notice is maintained in the facility and that residents or their representatives are aware.</i>	9/23/22
A 032	7 NMAC 8.2.32 Reporting of Incidents	A 032		Ongoing

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 032	<p>Continued From page 36</p> <p>REPORTING OF INCIDENTS:</p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(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 twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) 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 shall include the following:</p> <p>(1) a narrative description of the incident;</p> <p>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</p> <p>(3) plans for further actions in response to the incident.</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: REPORTING OF INCIDENTS 7.8.2.32 A. (1) - (2), B. (1) - (3)</p>	A 032		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 032	<p>Continued From page 37</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W, 8 B. (2), 10 C.</p> <p>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>C. All licensed health care facilities shall conduct a complete investigation and report the actions taken and conclusions reached by the facility within five (5) days of discovery of the incident.</p>	A 032		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 032	<p>Continued From page 38</p> <p>[7.1.13.10 NMAC - Rp, 7.1.13.11 NMAC, 7/1/14]</p> <p>Based on record review and interview, the facility failed to ensure for 4 (R #2, 7, 8, and 9) of 9 (R #1-9) residents whose Internal Incident Reports (IRs) were reviewed for compliance out of ninety-six (96) of the facility's Internal IRs (for the time frame of 01/01/22 through 08/22/22) for any incident of possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury were:</p> <ol style="list-style-type: none"> 1. Reported to the Licensing Authority within 24 hours or the next business day if it is a weekend or a holiday. 2. The facility conducted and documented the investigation of all reportable incidents within five (5) business days and submit a copy of the investigation report to the licensing authority. <p>These deficient practices could potentially result in the 17 (R #s 1-17) residents listed on the census provided by the Administrator on 08/22/22, to be at risk of harm, injury, and/or death, due to the facility failing to report any "Reportable incident" to the Licensing Authority for oversight.</p> <p>The findings are:</p> <p>A. Record review of R #2's Internal IR dated 06/06/22, revealed [redacted] was found face down by [redacted] bedroom door and had a cut to [redacted] forehead and scratches on [redacted] right side of [redacted] face.</p> <p>B. Record review of R #7's Internal IR dated 06/05/22, revealed while the Direct Care Staff was changing the resident's clothing, a [redacted]</p>	A 032		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN BLESSINGS ASSISTED LIVING 400 SUNSET BLVD
LOGAN, NM 88426

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A 032	<p>Continued From page 39</p> <p>██████████</p> <p>C. Record review of R #8's Internal IRs dated:</p> <ol style="list-style-type: none"> 03/31/22, revealed ██████ was found on the floor in ██████ bathroom, and ██████ indicated ██████ 04/17/22, revealed he had a ██████ from a fall reported on 04/16/22. 04/19/22, revealed ██████ fell out of ██████ wheelchair coming out of his bathroom and hit the wall. There was a scrape noted to the back of ██████ and ██████ was complaining of ██████ 05/29/22, revealed ██████ was found on the floor in ██████ room. ██████ reported that ██████ was trying to stand to make ██████ bed and fell backwards with ██████ wheelchair. There was a ██████ noted to ██████ 07/10/22, revealed ██████ was found on the floor in ██████ room. ██████ reported ██████ was trying to change. There was a ██████ noted to the back of ██████ <p>D. Record review of R #9's Internal IR dated 08/06/22, revealed ██████ had a ██████ on the inside of ██████ with no indication of a fall or injury.</p> <p>E. There was no documentary evidence that the facility reported the above incidents for R #2, 7, 8, and 9, to the Licensing Authority within 24 hours or the next business day if a holiday or weekend and that an internal investigation was conducted within 5 business days and submitted a copy of the investigation report to the Licensing Authority.</p> <p>F. On 08/25/22 at 10:52 am, during an interview with the facility's Administrator #2, he confirmed that the above facility's Internal IRs were not reported to the Licensing Authority within 24 hours, or the next business day and the facility did not conduct an investigation on the above incidents within five (5) business days.</p>	A 032	<p>A032</p> <p>Facility procedure changed for reporting critical incidents. In addition to completing our own internal incident report we will also complete the online Incident Report at online.health.state.nm.us. We will also fax a copy of completed report to ensure receipt within 24 hours of incident. We will also conduct an in house investigation within 5 days and document the findings.</p> <p>Administrators to ensure that critical incidents are promptly reviewed & properly documented</p>	<p>10/1/22</p> <p>Daily</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>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.</p> <p>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.</p> <p>(1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(6) The facility shall not require the residents to</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 034	<p>Continued From page 41</p> <p>purchase medications from any particular pharmacy.</p> <p>(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.</p> <p>(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:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(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.</p> <p>(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.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 034	<p>Continued From page 42</p> <p>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.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(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.</p> <p>(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 and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: CUSTODIAL DRUG PERMITS 7.8.2.34 A. (9) B. (3)</p> <p>Refer to 16.19.4 D. (8) Pharmacist</p> <p>D. Consultant pharmacists serving custodial care facilities: (1) Custodial care facility as used in this regulation includes: Any facility which provides care and services on a continuing basis, for two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs. (2) Any facility which meets the requirements outlined in Paragraph (1) of Subsection D of 16.19.4.11 NMAC shall be licensed by the board</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 034	<p>Continued From page 43</p> <p>of pharmacy, engage a consultant pharmacist, whose duties and responsibilities are indicated in 16.19.4 and 16.19.11 NMAC.</p> <p>(3) Procurement of drugs or medications for residents will be on the prescription order of a licensed physician - written or by oral communication, which order shall be reduced to writing by the pharmacist as required by law. Refills shall be as authorized by the physician. When refill authorization is indicated on the original prescription, a refill for a resident may be requested by the administrator of the licensed facility or his designee by telephone to the consultant pharmacist, or the providing pharmacy.</p> <p>(4) The administrator or a designated employee of the facility will sign a receipt for prescription drugs upon delivery.</p> <p>(5) All prescription drugs will be stored in a locked cabinet or room and the key will be assigned to a designated employee or the administrator as indicated in the procedures manual.</p> <p>(6) Proper storage as stipulated in the official compendium USP/NF will be the responsibility of the licensed facility.</p> <p>(7) Records - the consultant pharmacist shall be responsible for the following records: (a) incoming medications - including refills; (b) record of administration; (c) waste or loss; This accountability record shall be maintained on a patient log, on forms provided to the consultant pharmacist by the board of pharmacy.</p> <p>(8) All prescription containers shall be properly labeled as required in 16.19.11 NMAC. No bulk containers of legend drugs will be kept on the premises, except in a facility with a 24-hour per day and 365 day per year on-site licensed nurse.</p> <p>Based on observation and interview, the facility</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 034	<p>Continued From page 44</p> <p>failed to ensure that:</p> <ol style="list-style-type: none"> Any medications discontinued by a physician's order, or upon discharge or death of the resident were inventoried and then moved to a separate locked storage container. The facility does not use bulk medication bottles/containers for multi-use in giving residents their prescribed medications which were intended specifically for each resident. <p>These deficient practices could potentially affect the health, safety, and welfare of the 17 (R #S 1-17) residents listed on the census provided by the Assistant Administrator on 08/22/22, if:</p> <ol style="list-style-type: none"> The facility does not practice safe medication control and storage by not inventorying medications when discontinued to help avoid medications from being in the possession of others for whom the medication was not prescribed for. The facility does not inventory medications upon a resident's discharged or upon death for accountability if the resident, resident's family, guardian/Power of Attorney request the facility to return any unused medications. The facility does not practice safe medication control if they are using bulk medication bottles/containers for giving multiple residents their prescribed medications instead of using resident specific medication bottles/containers. <p>The findings are:</p> <p>A. On 08/24/22 at 12:50 PM, during observation of the facility's medication room the following was found:</p> <ol style="list-style-type: none"> There was a medium size plastic container full of resident medications which had been discontinued or belonged to residents who had been discharged or passed away and there was 	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 034	<p>Continued From page 45</p> <p>no documentary evidence of an inventory record.</p> <p>2. In both medication carts there were several bulk medication bottles/containers for the following:</p> <div style="background-color: black; width: 100%; height: 150px; margin: 5px 0;"></div> <p>B. On 08/24/22 at 12:50 pm, during an interview with the facility's Assistant Administrator, she confirmed that there was not an inventory record for all the medications which had been discontinued and that the facility was using bulk medication bottles/containers to give to multiple residents.</p>	A 034	<p>Discontinued medication log created and placed in medication room. To be updated and maintained as medications are discontinued.</p> <p>Assistant Administrator to ensure that log is properly maintained.</p> <p>Facility discontinued the use of bulk medication bottles. Individual medications for each resident are now in place.</p> <p>Assistant Administrator to monitor medication carts to ensure no bulk meds are being used.</p>	<p>9/19/22</p> <p>10/2/22</p> <p>Ongoing Weekly</p>
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>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.</p> <p>A. State board of nursing licensed or certified health care professionals are responsible for the</p>	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 035	<p>Continued From page 46</p> <p>administration of medications. Administration may only be performed by these individuals.</p> <p>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.</p> <p>C. PRN (pro re nada) medication.</p> <p>(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.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.</p> <p>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.</p> <p>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.</p>	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426		
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A 035	Continued From page 47 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;	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426		
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A 035	Continued From page 48 (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.	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 035	<p>Continued From page 49</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: MEDICATIONS 7.8.2.35 G. (3) (4) (7) (8) (12)</p> <p>Based on record review and interview the facility failed to ensure for 5 of 5 (R #1-5) residents whose records were reviewed for compliance had the following information:</p> <ol style="list-style-type: none"> The resident's Medication Administration Records (MARs) had the following information: <ol style="list-style-type: none"> The name of the resident's Primary Care Provider (PCP) or the prescriber for the medication. The diagnosis or reason for the medication. The date that the medication was started or discontinued. The dosage of the medication. The strength of the medication. The resident's record had the physician, physician assistant, or nurse practitioner orders for each medication listed on the MAR. <p>These deficient practices could potentially result in the residents to be at risk for harm, and/or illness if:</p> <ol style="list-style-type: none"> The resident's MAR does not have pertinent information available in the event of an urgent situation such as an allergic reaction, or an accidental or intentional overdose. 	A 035	<p>All resident MARs were redesigned to include the following information. Name of PCP or prescriber of each medication, diagnosis or reason for the medication, date the medication was started or discontinued, dosage of the medication, strength of medication.</p> <p>All resident records were audited and updated to include orders for each medication listed on the MARs.</p> <p>Assistant Administrator to audit and maintain MARs and resident records.</p>	<p>10/1/22</p> <p>Monthly Ongoing</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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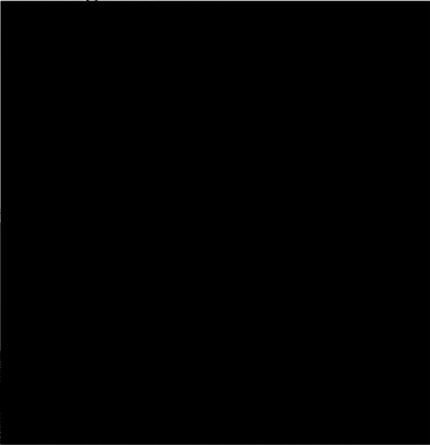
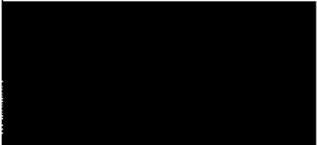
NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 035	<p>Continued From page 50</p> <p>2. The facility does not have the current medication orders to review and compare to all the medications listed on the resident's MAR for accuracy by the consulting pharmacist.</p> <p>The findings are:</p> <p>A. Record review of the facility's resident record for R #1, revealed the following:</p> <ol style="list-style-type: none"> 1. The MARs for 05/2022, 06/2022 and 07/2022, were missing the name of the PCP or prescriber for each medication listed on the MARs. 2. The MARs for 05/2022, 06/2022 and 07/2022, were missing the diagnosis or reason for the following medications: <div style="background-color: black; width: 200px; height: 20px; margin: 5px 0;"></div> <ol style="list-style-type: none"> 3. The physician, physician assistant, or nurse practitioner orders for each medication listed on the 05/2022, 06/2022 and 07/2022 MARs were not maintained in R #1's record to review for accuracy and to verify the start date. <p>B. Record review of the facility's resident record for R #2, revealed the following:</p> <ol style="list-style-type: none"> 1. The MARs for 05/2022, 06/2022 and 07/2022, were missing the name of the PCP or prescriber for each medication listed on the MARs. 2. The physician, physician assistant or nurse practitioner orders for each medication listed on the 05/2022, 06/2022 and 07/2022 MARs were not maintained in R #2's record to review for accuracy and to verify the start date. <p>C. Record review of the facility's resident record for R #3, revealed the following:</p> <ol style="list-style-type: none"> 1. The MARs for 05/2022, 06/2022 and 07/2022, were missing the name of the PCP or prescriber for each medication listed on the MARs. 2. The MARs for 05/2022, 06/2022 and 07/2022, 	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 035	<p>Continued From page 51</p> <p>were missing the diagnosis or reason for the following medications:</p>  <p>3. The MARs for 05/2022, 06/2022 and 07/2022, were missing the dosage and strength for the medication Mircera Injection, listed on these MARs.</p> <p>4. The physician, physician assistant, or nurse practitioner orders for each medication listed on the 05/2022, 06/2022 and 07/2022 MARs were not maintained in R #3's record to review for accuracy and to verify the start date.</p> <p>D. Record review of the facility's resident record for R #4, revealed the following:</p> <p>1. The MARs for 07/2022 and 08/2022, were missing the name of the PCP or prescriber for each medication listed on the MARs.</p> <p>2. The MARs for 07/2022 and 08/2022, were missing the diagnosis or reason for the following medications:</p> 	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 035	<p>Continued From page 52</p> <p>[REDACTED]</p> <p>3. The physician, physician assistant, or nurse practitioner orders for each medication listed on the 05/2022, 06/2022 and 07/2022 MARs were not maintained in R #4's record to review for accuracy and to verify the start date.</p> <p>E. Record review of the facility's resident record for R #5, revealed the following: 1. The MAR for 05/2022, 06/2022 and 07/2022, were missing the name of the PCP or prescriber for each medication listed on the MARs. 2. The physician, physician assistant or nurse practitioner orders for each medication listed on the 05/2022, 06/2022 and 07/2022 MARs were not maintained in R #5's record to review for accuracy and to verify the start date.</p> <p>F. On 08/25/22 at 10:52 am, during an interview with the facility's Assistant Administrator, she confirmed that the above resident's MARs were missing the information as indicated above.</p> <p>G. On 08/25/22 at 10:52 am, during an interview with the facility's Administrator #2, he confirmed that the orders for the medications listed on the MARs as indicated above were not available for review for the above residents.</p>	A 035		
A 036	<p>7 NMAC 8.2.36 Nutrition</p> <p>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</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 53</p> <p>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.</p> <p>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.</p> <p>(1) Meal service. The facility shall:</p> <p>(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;</p> <p>(b) provide snacks of nourishing quality and post on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;</p> <p>(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;</p> <p>(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;</p> <p>(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;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident ' s PCP within forty-eight</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 54</p> <p>(48) hours if a resident consistently refuses to eat.</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <ul style="list-style-type: none"> (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. <p>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.</p> <ul style="list-style-type: none"> (1) Kitchen sanitation. <ul style="list-style-type: none"> (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. 	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 55</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(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.</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(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.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(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.</p> <p>(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.</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 56</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(6) Canned or preserved foods shall be procured</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 57</p> <p>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.</p> <p>(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.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(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.</p> <p>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]</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 58</p> <p>This REQUIREMENT is not met as evidenced by: NUTRITION 7.8.2.36 A. (1) (d) B. (4) C. (1) (c) (4) D. (2) (b) (3)</p> <p>Based on observation and interview the facility failed to ensure the following:</p> <ol style="list-style-type: none"> 1. The facility posted the weekly menu, including snacks where residents and families are able to view it. 2. The facility maintained a daily log of the recorded temperatures for the facility's refrigerator for food. 3. The facility's freezer daily temperature logged was within the required temperature range of zero (0) degrees Fahrenheit or below. 4. The facility's kitchen walls, ceilings and floors are kept clean. 5. The facility's kitchen garbage containers have a close-fitting cover. 6. The facility's cooks and food handlers shall wear a hair net and disposable gloves. 7. The facility dated and labeled food stored in the freezer. <p>These deficient practices have the potential for all 17 (R #s 1-17) residents listed on the census provided by the Assistant Administrator on 08/22/22, to be at risk for foodborne illnesses, harm or even death if:</p> <ol style="list-style-type: none"> 1. If the resident consumes food which were not properly stored in the refrigerator at the required temperature of thirty-five (35) to forty-one (41) degrees Fahrenheit (F). 2. If the resident consumes food which were not properly stored in the freezer at the required 	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	<p>Continued From page 59</p> <p>temperature of zero (0) degrees F or below.</p> <p>3. The resident consumes food which could be contaminated from unsanitary kitchen conditions.</p> <p>4. The resident consume food which could be contaminated by the cook's hair and hands.</p> <p>5. The resident consumes food which was stored in freezer Ziploc bags in the freezer with no date indicating the expiration date or when opened or what the freezer Ziploc bag contains.</p> <p>The findings are:</p> <p>A. On 08/23/22 at 1:50 pm, during observation of the facility, no weekly menu including snacks was observed to be posted in a place where residents and families were able to view it.</p> <p>B. On 08/23/22 at 1:50 pm, during observation of the facility's kitchen refrigerator and freezer the following was found:</p> <p>1. The refrigerator temperature log posted for August 2022, revealed that the temperature was logged only for 08/07/22, 08/14/22 and 08/21/22 and was not being monitored and logged daily.</p> <p>2. The freezer temperature log posted for August 2022, revealed the logged temperatures from 08/01/22 through 08/22/22 were above the required temperature range of zero Fahrenheit or below.</p> <p>3. The freezer had six (6) freezer Ziploc bags of food which were not dated or labeled.</p> <p>C. On 08/23/22 at 1:50 pm, during observation of the facility's kitchen which had two entrance doors (one door accessible from the residents dining area and the other door from the Eastside hallway), the following was observed:</p> <p>1. The cook was handling food and was not wearing a hair net or disposal gloves.</p> <p>2. Two (2) trash cans which had garbage with no</p>	A 036	<p>A036</p> <p>1) Weekly menus including snacks are posted in the facility dining room.</p> <p>2) Temperature log for facility refrigerator was updated to a daily log. Kitchen staff trained to fill it out daily.</p> <p>3) Kitchen staff trained to report any out of range temperatures to a member of administration. A form was created for this purpose w/ a section for comments on findings/repairs.</p> <p>4) Kitchen staff briefed on proper cleaning. New daily, weekly, & monthly checklists in place.</p> <p>5) New garbage containers w/ close fitting covers in place</p> <p>6) Gloves + hairnets in stock. Kitchen staff instructed to wear them</p> <p>7) Freezer audited to ensure everything is labeled & dated</p>	<p>10/1/22</p> <p>10/1/22</p> <p>10/1/22</p> <p>10/1/22</p> <p>10/1/22</p> <p>10/1/22</p> <p>10/1/22</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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A 036	Continued From page 60 close-fitting lids and were dirty. 3. The walls and ceiling were dirty with splattered grime and grease. 4. The four ceiling air vents were dirty with grime and dust. 5. The refrigerator was dirty with grime. 6. The floors were dirty with grime, food crumbs and grease. 7. The floor by the juice and ice machine located by the Eastside door had rust and a dead bug on the floor. 8. One of the kitchen cabinets was dirty with food crumbs. D. On 08/23/22 at 2:25 pm, during an interview with the facility's Administrator #1 and the facility's cook, both confirmed: 1. That the kitchen doors were not kept locked and there were hazardous chemicals in the kitchen. 2. That the weekly menu including snacks were not posted where residents and families are able to view. 3. The cook confirmed she does not wear a hair net or disposable gloves while preparing and cooking food. 4. The facility's Administrator #1 confirmed that: (a) The freezer had six (6) freezer Ziploc bags which were not dated or labeled. (b) The kitchen walls, ceiling, ceiling air vents and refrigerator were dirty. (c) The refrigerator temperature was not being maintained daily and the freezer's temperatures logged were not within the required range.	A 036	7 Cont) Kitchen staff restrain or proper labeling. Administrator to monitor and ensure proper procedures are being followed. Kitchen to be repainted during the month of November.	10/1/22 Ongoing Weekly 11/31/22
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a	A 038		

Division of Health Improvement

STATE FORM

6889

MKN311

If continuation sheet 61 of 73

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 038	<p>Continued From page 61</p> <p>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.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>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.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: HOUSEKEEPING SERVICES 7.8.2.38 C.</p> <p>Based on observation and interview, the facility failed to ensure that "Poisonous or flammable substances" were not stored in residential areas or in food preparation or storage areas and kept in a secured room or cabinet.</p> <p>These deficient practices could potentially result in the 17 (R#'s1 - 17) residents listed on the resident census list provided by the Assistant Administrator on 08/22/22, to be at risk of harm,</p>	A 038		

Division of Health Improvement

STATE FORM

6899

MKN311

If continuation sheet 62 of 73

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 038	<p>Continued From page 62</p> <p>injury, or death if, the facility does not secure "Poisonous or flammable substances" from residents accessing them, there is a potential for ingesting chemicals, inhaling fumes, or being exposed to chemicals spills.</p> <p>The findings are:</p> <p>A. On 08/22/22 at 1:35 pm during observation of the facility's laundry room, which was left unlocked, the following was found:</p> <ol style="list-style-type: none"> 1. One (1) gallon of bleach 2. One (1) gallon of cleaning vinegar 3. An open container of laundry soap pods <p>B. On 08/22/22 at 1:35 pm, during an interview with Administrator #1, she confirmed the finding above and removed the above chemicals to a locked cabinet.</p> <p>C. On 08/22/22 at 2:40 pm, during observation of the facility's Eastside resident wing in a hallway closet used as storage there were six (6) bottles of chemicals.</p> <p>D. On 08/22/22 at 2:40 pm, Administrator #1 confirmed that the Eastside resident wing in a hallway closet with chemicals was not locked.</p> <p>E. On 08/23/22 at 2:25 pm, during observation of the facility's kitchen, both of the kitchen doors were not locked (one door accessible from the residents dining area and the other door from the resident's Eastside hallway), the following chemicals were found.</p> <ol style="list-style-type: none"> 1. One (1) gallon of "Germicidal Ultra Bleach". 2. One (1) gallon of liquid "Pot & Pan Detergent". 3. One (1) gallon of liquid "Grease Trap Treatment Professional Strength". 4. Three (3) five-gallon dish washer washing solutions. 	A 038	<p>A038</p> <p>a) All laundry chemicals are now kept in a locked cabinet</p> <p>b) Closets storing chemicals are kept locked. Signs to remind staff are in place.</p> <p>c) Kitchen doors are now kept locked until such time that new cabinets can be installed w/ locking doors.</p> <p>f, h) staff briefed on proper storage of chemicals and the importance of making sure they are not accessible to residents.</p> <p>Administrator to ensure all chemicals are kept locked & inaccessible to residents</p>	9/15/22

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 038	<p>Continued From page 63</p> <p>F. On 08/23/22 at 2:50 pm during observation of the facility's dining room area, there was a 32 oz bottle of liquid "Peroxide Disinfectant and Glass Cleaner" and a cleaning rag left on one of the dining room tables with no staff in the area.</p> <p>G. On 08/23/22 at 2:50 pm, during an interview with Administrator #1, she confirmed that the above chemicals were observed in the kitchen and dining room.</p> <p>H. On 08/23/22 at 3:30 pm, during observation of the facility's staff room, in which the door remains open for residents to use the landline phone to make/receive calls, the following chemicals were found.</p> <ol style="list-style-type: none"> 1. One (1) 32 oz bottle of liquid "Peroxide Disinfectant and Glass Cleaner" 2. One (1) 4 oz bottle of "Burn Jel" 3. One (1) 4 oz bottle of "Peppermint Essential Oil" <p>I. On 08/23/22 at 3:38 pm during an interview with Administrator #1, she confirmed that the chemicals above were not secured and could be accessible to the residents.</p>	A 038		
A 042	<p>7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p>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:</p> <p>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</p>	A 042		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN BLESSINGS ASSISTED LIVING 400 SUNSET BLVD
LOGAN, NM 88426

(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 042	<p>Continued From page 64</p> <p>accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.</p> <p>B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: MAINTENANCE of BUILDING and GROUNDS 7.8.2.42 A.</p> <p>Based on observation and interview, the facility failed to ensure the facility's grounds were maintained in a safe condition free from accumulation of discarded furniture or other items that are fire or safety hazards which could create unsafe surrounds for the residents.</p> <p>This deficient practice has the potential for all 17 (R #s 1-17) residents listed on the census provided by the Assistant Administrator on 08/22/22, to be a risk of harm and injuries if:</p> <ol style="list-style-type: none"> 1. The resident is walking around the grounds and trips and falls over discarded furniture or other items. 2. The resident sustains a laceration/cut or other injury from discarded furniture or other items. <p>The findings are:</p> <p>A. On 08/22/22 at 2:35 pm, during observation of the facility's grounds by the Eastside exit door patio area, the following items were found.</p> <ol style="list-style-type: none"> 1. One (1) metal bed frame and the head and foot boards up against the wall. 2. One (1) broken and rusted air-conditioning unit. 	A 042	<p>A042 Bed frame + AC unit removed</p> <p>Administration will maintain grounds in safe condition. Discarded furniture or other hazardous items will be immediately removed. Admin will perform weekly inspections by walking the grounds and correcting any issues as they are found.</p>	<p>8/23/22</p> <p>Weekly</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 042	Continued From page 65 B. On 08/23/22 at 11:54 am, during an interview with Administrator # 2, he confirmed the finding above and stated the above items would be removed.	A 042		
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 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: WINDOWS 7.8.2.59 Based on observation and interview the facility failed to ensure that all the exterior window screens for the resident rooms were maintained	A 059		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 059	<p>Continued From page 66</p> <p>in a safe manner.</p> <p>This deficient practice could potentially result in the 17 (R #s 1-17) residents identified on the resident census provided by the Assistant Administrator on 08/22/22, to be at risk of harm, illness, or injuries if:</p> <ol style="list-style-type: none"> 1. Insects and/or rodents were to enter the resident's rooms through window screens that have holes or are torn. 2. The facility does not take steps to protect residents from allergens which could go through window screens that have holes or are torn. <p>The findings are:</p> <p>A. On 8/23/22 at 2:50 pm, during observation of the exterior window screens, R #s 8 and #20's window screens had holes in them.</p> <p>B. On 08/23/22 at 2:50 pm, during an interview with the facility's Administrator #1, she confirmed the window screens for the above resident rooms had holes.</p> <p>C. On 8/24/22 at 8:55 am, during the course of the onsite survey it was observed and confirmed with the facility's Administrator #2, that the exterior window screens for R #s 8 and #20's had been replaced.</p>	A 059	<p>Damaged window screens were replaced.</p> <p>Administrator to monitor and maintain screens. A weekly walk around of the building will be performed. Any necessary repairs will be performed during the inspection or scheduled at the earliest possible time.</p>	<p>8/24/22</p> <p>Ongoing Weekly</p>
A 065	<p>7 NMAC 8.2.65 Fire Drills</p> <p>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use</p>	A 065		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 065	<p>Continued From page 67</p> <p>of the fire alarm system or the detector system in the facility.</p> <p>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:</p> <p>(1) the date of the drill;</p> <p>(2) the time of the drill;</p> <p>(3) the number of staff participating in the drill;</p> <p>(4) any problem noted during the drill; and</p> <p>(5) the evacuation time in total minutes.</p> <p>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: FIRE DRILLS 7.8.2.65 B. (5)</p> <p>Based on record review and interview, the facility failed to ensure that the monthly fire drills conducted which were reviewed for compliance had documentary evidence which included the fire drills evacuation time in total minutes.</p> <p>This deficient practice could potentially result in the 17 (R #s 1-17) residents identified on the resident census provided by the Assistant Administrator on 08/22/22, to be at risk of harm, injuries, or death if:</p> <ol style="list-style-type: none"> 1. The facility's safe evacuation time to safely evacuate the residents is not known. 2. There are additional individuals visiting the facility and the planned duration of time to safely evacuate the residents could be compromised. 3. The facility staff are not familiar with the 	A 065		

Division of Health Improvement

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A 065	Continued From page 68 evacuation routes and procedures to safely evacuate all residents in a timely and orderly manner. The findings are: A. Record review of the facility's documented monthly Fire Drills dated, 01/16/22, 02/16/22, 03/17/22, 04/10/22, 05/10/22, 06/17/22 and 07/22/22, revealed no documentary evidence of the fire drills evacuation time in total minutes. B. On 08/25/22 at 10:52 am, during an interview with the facility's Administrators #1 and #2 and the Assistant Administrator, they confirmed the above monthly Fire Drills did not include the evacuation time.	A 065	<i>Monthly fire drill form updated to include record of total evacuation time in minutes. Administrator to ensure form is properly & fully completed each month</i>	9/26/22 Monthly
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff shall be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident admitted to the facility shall be given an orientation tour of the facility to	A 066		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 066	<p>Continued From page 69</p> <p>include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies.</p> <p>D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month.</p> <p>(1) Fire drills shall be held at different times of the day, evening and night.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced.</p> <p>(3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department may be requested to supervise and participate in the fire drills.</p> <p>[7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Staff And Resident Fire And Safety Training 7.8.2.66 C.</p> <p>Based on record review and interview, the facility failed to ensure that all residents upon admission are given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of a fire or other emergencies.</p>	A 066		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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A 066	Continued From page 70 This deficient practice could potentially result in all 17 (R #s 1-17) residents listed on the census provided by the Assistant Administrator on 08/22/22, to be at risk of harm, injury, or death if a fire or other emergency were to occur and residents and/or their guardians/Power of Attorney/family member(s) and visitors do not know: 1. Where the facility's exits and/or evacuation routes are located. 2. Where the fire extinguishers are located. 3. What actions are to be taken in case of a fire or other emergencies occur. The findings are: A. Record review of R #s 1-6 resident records, revealed no documentary evidence that the resident and/or their guardians/Power of Attorney received Fire and Safety orientation upon admission to the facility. B. On 08/25/22 at 10:52 am, during an interview with the facility's Administrators #1 and #2 and the Assistant Administrator, they confirmed the above resident's records did not have documentary evidence of the above required training.	A 066	<i>Updated admission packet to include fire + safety orientation. All current residents were given fire + safety orientation material and a copy was placed in their file. Administrator to make sure this is included for all new admissions.</i>	<i>10/1/22</i> <i>Ongoing</i>
A 067	7 NMAC 8.2.67 Smoking SMOKING: A. Smoking by residents and staff shall take place only in supervised areas designated by the facility and approved by the state fire marshal or local fire prevention authorities. Smoking shall not be allowed in a kitchen or food preparation area. B. All designated smoking areas shall be provided with suitable ashtrays that are not made	A 067		

Division of Health Improvement

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AUTUMN BLESSINGS ASSISTED LIVING 400 SUNSET BLVD
LOGAN, NM 88426

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A 067	<p>Continued From page 71</p> <p>of combustible material.</p> <p>C. Residents shall not be permitted to smoke in bed.</p> <p>D. Smoking shall not be permitted where oxygen is in use, is present or is stored. [7.8.2.67 NMAC - Rp, 7.8.2.64 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: SMOKING 7.8.2.67 B.</p> <p>Based on observation and interview, the facility failed to ensure that the designating smoking area were provided with suitable ashtrays that are not made of combustible material.</p> <p>This deficient practice could potentially result in the 17 (R #s 1-17) residents identified on the resident census provided by the Assistant Administrator on 08/22/22, to be at risk of harm, illness, injuries, or death if:</p> <ol style="list-style-type: none"> 1. The containers used for disposal of cigarettes and smoking materials are combustible and present a risk of a potential fire. 2. The containers used for disposal of cigarettes and smoking materials are not properly covered to reduce the risk of cigarettes and smoking materials from being blown or falling out of the container. <p>The findings are:</p> <p>A. On 08/22/22 at 2:41 pm, during observation, the facility had two (2) designated smoking areas without proper ashtrays that meet regulation:</p> <ol style="list-style-type: none"> 1. Area located outside near the facility's South exit door and had two plastic flowerpots, and a 	A 067	<p>New suitable ashtray was ordered & installed. Old flowerpots/cans were removed.</p> <p>Administration will perform weekly inspections by walking the grounds. Damaged or missing ashtrays will be replaced. Any combustible trays will be removed.</p>	<p>9/15/22</p> <p>Weeks</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2022
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NAME OF PROVIDER OR SUPPLIER AUTUMN BLESSINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SUNSET BLVD LOGAN, NM 88426
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 067	<p>Continued From page 72</p> <p>metal tin/can, all with no lids.</p> <p>2. Area at the facility's front North exit door had one (1) open plastic flowerpot being used as an ashtray</p> <p>B. On 08/22/22 at 2:45 pm, during an interview with Administrator #1, she confirmed that the containers being used for the cigarette butts and ashes were made of combustible material and were not covered. She stated that she had ordered for new proper ashtrays.</p>	A 067		