

Long-Term Care Visits Summary Report

May 17-19, 2024



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Executive Summary

The need to protect our most vulnerable New Mexicans is the foundation of this project. To ensure that those in need of long-term care services receive the best care, it is necessary to not only visit licensed facilities on a regular basis, but at times to conduct unannounced visits. This report describes the effort to use state resources to conduct such unscheduled visits, the planning of the project, and the results of the visits.

On May 17 – 19, 2024, representatives from the Department of Health made unannounced visits to ninety- one long-term care facilities (LTC) including assisted living facilities (ALF), skilled nursing facilities (SNF), and nursing facilities (NF). Teams were recruited from ALTSD (14), DDSD (19), and DHI staff (9). A total of forty-two individuals participated in the effort. Eighteen team were configured with two to three members depending on location. Thirteen counties, or 33% of New Mexico counties, were included in the visits based on location of staffing: Bernalillo, Chaves, Colfax, Curry, Doña Ana, Eddy, McKinley, San Juan, San Miguel, Sandoval, Santa Fe, Taos, and Valencia.

During calendar year 2023 and through April 2024, fifty-six LTC facilities had substantiated complaints with a resulting deficiency finding. Of these fifty-six facilities, 71% or forty were visited during this unannounced project. The sixteen facilities with substantiated complaints that were not visited were in counties that we did not visit. The remainder or fifty-one of the facilities were randomly selected in locations and counties where staff were available.

Staff completed a total of one hundred seventy-two evaluations from the ninety-one visits. This report is a review of those one hundred seventy-two evaluations.

As a result of these reviews, two facilities were immediately reported to the Abuse, Neglect, and Exploitation (ANE) hotline during the weekend. Further review of the evaluations suggests that additional inspection be conducted on three facilities that failed

the evaluation. One facility is also being referred due to a COVID outbreak that should be reviewed to ensure compliance with the most recent guidance from the CDC. The facilities that were reported the weekend of the visits included one SNF/NF and one ALF. The facilities that are being suggested for further review are one ALF and two SNF/NF.

Outside of these few facilities that need additional attention, eleven facilities had perfect scores on their reviews. These included ten ALFs and one SNF/NF. Another fifty-five scored in the 90% range, and eleven in the 80% range. Future iterations of this project can focus on facilities that scored below 80% as well as focusing on substantiated complaints. In addition, of the two-hundred sixty-eight LTC facilities in the state, during this project 34% were visited leaving a substantial number to be included in the next round of visits.

The benefit of a program such as this is enormous. By starting the visits on Friday afternoon and completing them during the weekend, facilities were less “prepared” for a visit. However, several representatives did note that some facilities had received warning of the visits by later in the weekend. A quicker, broader push on Friday afternoon might avoid the information being transmitted to others by late in the weekend. However, the ability to immediately report two situations shows the value of such an effort.

Section (1): Process

On Friday, May 17th, training for forty-two (42) participants was held remotely and the Department of Health Cabinet Secretary, Patrick Allen, conducted the training. A recording was kept for those unable to attend in real-time.

The training covered resident rights both at the federal and state levels including privacy, grievance procedures, appropriate treatment, communication, finances, work, outside activities, personal possessions, facility transfer, abuse/restraint, care/choice of provider/care planning, non-discriminatory treatment, and required admission information. In addition, the training discussed the topic of abuse, neglect, and exploitation (ANE) and what actions are required when discovered. The signs to recognize ANE were also a topic of discussion. And finally, attendees were trained on the appropriate process to conduct visits including conducting interviews with residents. All visits required at least two individuals and each reviewer was requested to complete a report. At each facility, a minimum of two residents were to be interviewed if possible. Teams were encouraged to begin visits on Friday afternoon, and complete others over the weekend as required,

Two Department of Health employees were on-call over the weekend to handle issues that arose from the field. Each state representative was provided with a Letter of Authority from the Secretary of the Department of Health (Appendix 1).

The evaluation document (Appendix 2) consisted of nine question areas including overall environment (10 questions), resident rooms (4 questions), resident appearance (2 questions), resident activities (4 questions), staff resident interactions (6 questions), sound environment (2 questions), privacy (2 questions), smell (3 questions), and feel (3 questions). A total of thirty-six questions were answered by the DOH representative. The representative was asked to speak with a minimum of two residents as well. These questions were more general conversation starters to ascertain if individuals are happy in their home, feel safe, understand their rights, and how to get assistance if needed.

Section (2): Results

A variety of ALF, SNF/NF, SNF only, and NF only were visited. The state has 268 facilities that are licensed in one of the above categories. The table below shows the total number of facilities by license type, the number visited as well as that shown as a percentage.

Types of Facilities visited (Table 1)

Facility Type	Total Facilities	Number of Visits	Percentage Visited
ALF	213	52	24%
SNF/NF dual	50	34	68%
SNF only	2	2	100%
NF only	3	3	100%
Totals	268	91	34%

After the visits were completed, records of the visit were recorded and analyzed. Several teams completed only one evaluation for each facility rather than one for each reviewer. Thus, while ninety-one facilities were visited, we have only one-hundred seventy-two evaluations to review. And while for most facilities, we have multiple evaluation results, we have not completed interrater reliability studies on these results.

Sub Section: Results of Questions on Environment

The section on environment contains the following questions with the anticipated response in red.

Environment Questions Results (Table 2)

Question Number/Description	% Yes	% No	% Blank
1a. Home rather than institution? Yes	65%	31%	4%
1b. Do staff smile at residents? Yes	87%	8%	5%
1c. Ombudsman materials available? Yes	91%	3%	6%
1d. Does food look appetizing? Yes	75%	10%	15%
1e. Is equipment broken? No	10%	86%	4%
1f. Hazardous areas accessible to residents? No	8%	87%	5%
1g. Call lights blinking for extended time? No	8%	85%	7%
1h. Staff talking/texting while on duty? No	9%	87%	4%
1i. Facility administrator and contact info? Yes	68%	27%	5%
1j. Hallways clear? Yes	85%	11%	4%

Environment Questions Analysis:

In reviewing the data, the areas that are ten or more points from the anticipated answer are: home rather than institution, food appetizing, broken equipment, facility administrator and contact number, and hallways clear for residents.

In general, the facilities that appeared more institutional rather than homelike were the SNF/NF licensed facilities. And while SNF/NF facilities account for 21% of the total licensed long term care facilities in New Mexico, we oversampled those facilities as their substantiated complaints were higher. They were overrepresented in our sample of ninety-one facilities with thirty-nine facilities or 43% being licensed as SNF/NF dual, SNF only, or NF only. In addition, even if the facility appeared institutional, residents' rooms were frequently decorated with their own items.

And while 15% of our evaluators did not answer the question regarding food appearing appetizing due to not being in the facility when a meal was being provided, 10% did find the food unappetizing. This issue crosses all types of licensed facilities. Residents were also not hesitant to comment on the quality of the food. For example, conversations with three residents in one ALF in Las Cruces illuminated the frustration with the quality of the food. Resident one commented that she liked being at the facility, but stated, “the food is not good, and it could use some flavor.” Two other residents, age 85 and age 94 expressed that they also love the facility, but there appears to be “nepotism happening as the administrator’s boyfriend is the cook and his son is the assistant cook.” Food quality is clearly an area that requires continued supervision. Visits to facilities with low scores in this area should be scheduled in the future around mealtimes.

Issues around broken equipment, posting of the facility administrator’s name and contact information, and hallways being clear for residents again crossed all types of facilities, and can be monitored in future visits. Based on evaluator comments, broken equipment is often the blockage in hallways as it appears to get pushed up against walls. And while only 68% of facilities had the name and contact information for an administrator posted, most residents that were interviewed at least knew the name of an administrator. Facilities that did not have this information posted were also often deficit in having Ombudsman information or ANE reporting information posted.

Some suggested interventions might include the following ideas:

1. Ensure that subsequent visits occur during mealtimes to verify the quality of the food being served.
2. During licensed facility visits, ensure that residents requiring equipment are receiving what is needed, and that the broken equipment is not indicative of lack of service to clients.
3. Send a mass email or other form of mass communication to all licensed facilities reminding them of the necessity of having information posted regarding the administrator and their contact numbers, information of the Ombudsman program, and information on ANE.

4. In addition, facilities may need new posters to display as some appeared to be outdated even when they were posted.

Sub Section: Results of Questions on Resident Rooms

The following questions were in the section on resident rooms with the anticipated response shown in red:

Residents' Rooms Question Results (Table 3)

Question Number/Description	% Yes	% No	% Blank
2a. Furnished with own belongings? Yes	91%	5%	4%
2b. Food trays left out? No	8%	88%	4%
2c. Trash overflowing? No	5%	91%	4%
2d. Resident room appear clean? Yes	88%	8%	4%

Resident's Rooms Questions Analysis:

As mentioned above, while 31% of facilities appeared to be institutional in nature rather than “home-like,” most resident’s rooms were furnished with their own belongings – 91% with only 5% not having personal items in the rooms. Of the nine facilities where it was noted that rooms were also impersonal, six of those facilities were either SNF/NF or SNF. However, there were three ALFs that had resident rooms that were impersonal.

The other issues of food trays being left with food decaying, trash overflowing, and cleanliness of resident rooms are found in between 5-10% of facilities. The problems are distributed between all types of facilities with eight facilities having the majority of the issues.

Resident interviews revealed very little about this topic. Residents did not complain to the representatives about these specific issues. A few residents did make comments

regarding delayed maintenance in their space. For example, one resident at an ALF in Gallup mentioned during her interview that she had requested a light bulb be replaced and it had not been done, and that the toilet bowl was out of order in the restroom. Several representatives, however, also noted maintenance issues that needed to be addressed at numerous facilities including things like landscaping being overgrown, broken tile in the kitchen and bathrooms, and one facility did not have a working stove.

Including sections on maintenance specifically, and visits around mealtimes, as mentioned previously, should allow better insight into these issues for future evaluations. However, several residents mentioned being rushed during mealtimes with staff wanting to retrieve trays too quickly. It is essential that a balance is achieved between allowing enough time for meal completion and leaving trays out too long with rotting food.

Sub Section: Results of Questions on Resident Appearance

The following questions were in the section on resident appearance with the anticipated response shown in red:

Resident Appearance Question Results (Table 4)

Question Number/Description	% Yes	% No	% Blank
3a. Residents groomed and good hygiene? Yes	89%	7%	4%
3b. Clothes clean and fit? Yes	92%	4%	4%

Resident Appearance Questions Analysis:

At first glance, these appear to be good scores overall, However, when one considers that ensuring residents are clean and have clean clothes that fit is a primary responsibility, it is concerning that almost 10% in each category are not meeting this basic requirement. There were thirteen facilities that scored a “no” on one of these measures. Of the thirteen facilities, nine or 69% were SNF/NF and four or 31% were ALF. In addition, 38% or five of the

thirteen scored “no” on both measures. Twelve of the thirteen or 92% were negligent in grooming and hygiene and six of the thirteen or 46% failed to provide clean, properly fitting clothes for residents.

Residents at several facilities did complain about showers being scheduled but not daily. The lack of clothing other than hospital gowns was mentioned once. And several residents mentioned clothing going missing when sent to be washed. One resident noted that she had only one pair of jeans, a shirt, and some undergarments when she arrived at the SNF for rehab. After four days they collected her clothes to wash, but the clothes were lost. She has only had a hospital gown to wear for over two weeks. She was offered scrubs, but they were too small. This situation was reported to the ANE line as she had other complaints as well.

Suggested interventions include increased monitoring of these thirteen facilities with direct interviews with residents about this issue. During future visits, it might also be helpful to ensure that all residents know how to report ANE by handing out information to all residents and ensuring that the facility has the information prominently displayed.

Sub Section: Results of Questions on Resident Activities

The following questions were in the section on resident activities with the anticipated response shown in red:

Resident Activities Question Results (Table 4)

Question Number/Description	% Yes	% No	% Blank
4a. Activities calendar posted/followed? Yes	81%	15%	4%
4b. Menu posted/followed? Yes	86%	9%	5%
4c. Are residents participating in activities? Yes	70%	23%	7%
4d. Are residents sleeping in wheelchairs? No	25%	70%	5%

Resident Activities Questions Analysis:

The posting of calendars and menus does not appear to be a high priority for facilities, and this is consistent across different types of facilities. In addition, residents are not feeling stimulated or feel like there are enough of a variety of activities. The result of a lack of activities and stimulation is leading to an issue of residents sleeping in their wheelchairs, which can be dangerous. One representative found that a resident had recently fallen from his wheelchair.

Many residents complained about boredom, specifically they mentioned no activities happening or residents being put in front of a television with no ability to control what they watch. This lack of activity left many residents with a desire to return to their “home.” One resident complained about the inability to make friends as other residents don’t talk or participate. However, one resident at an ALF in Taos mentioned that there were a number of groups including book groups to participate in. Another Taos resident discussed a BBQ that the facility had hosted, and she hoped they did more of that. An additional resident in the same facility praised the activities coordinator and the activities that are planned. Residents also enjoy gardens when facilities have those available. One resident mentioned “loving” the roses.

Two suggested interventions are appropriate activities based on the feedback of residents. The availability of an activities coordinator significantly improved responses to participating in activities and enjoyment of activities. In future evaluations, a specific question should be added about activities coordinators. And while smaller facilities may not be able to have a full-time activities coordinator, having a part-time person to coordinate these events could greatly improve how residents view their current situation. Another suggestion that came from a facility that provides SNF/NF care in Albuquerque was to hand out activity schedules and menus daily to residents. Relying on residents to search for activities on a bulletin board is not the most efficient way to ensure they know what is happening in the facility.

Sub Section: Results of Questions on Staff/Resident Interactions

The following questions were in the section on staff/resident interactions with the anticipated response shown in red:

Staff/Resident Interactions Question Results (Table 5)

Question Number/Description	% Yes	% No	% Blank
5a. Staff knock and get permission to enter? Yes	80%	13%	7%
5b. Call residents by their names? Yes	88%	6%	6%
5c. Talk pleasantly and respectfully? Yes	95%	1%	4%
5d. Are residents yelling out or requesting assistance without staff response? No	5%	89%	6%
5e. Are staff talking to each other and ignoring residents? No	9%	84%	7%
5f. Is ANE signage visible? Yes	66%	27%	7%

Staff/Resident Interactions Questions Analysis:

While 95% of staff are respectful and pleasant when dealing with residents, there is a percentage of staff that ignore residents when they need assistance. Other basic techniques to demonstrate respect need improvement including knocking on doors and waiting for permission to enter as well as using the names of residents. Specifically, one resident believes that more “etiquette” needs to be demonstrated. As with other documents that should be posted – calendar and menu – 27% of the time facilities failed to post ANE signage, which is critical to maintain safety for residents.

Suggested interventions include renewed focus on training around privacy of residents, i.e., knocking on doors, and respect of patients, i.e., using their names. One DOH representative noted that staff referred to residents as “bed A and bed B.” New ANE signage should be distributed at a minimum to facilities that were found not to have signage, but

distribution to all facilities is suggested. Distribution of new signage will also guarantee that facilities have the correct signage displayed.

Sub Section: Results of Questions on Sound in Environment

The following questions were in the section on sound in the environment with the anticipated response shown in red:

Sound in Environment Question Results (Table 6)

Question Number/Description	% Yes	% No	% Blank
6a. Music played throughout the building? No	1%	95%	4%
6b. Music/intercom disturbing residents? No	1%	95%	4%

Sound in Environment Interactions Questions Analysis:

This is not an area of significant concern. There was one ALF facility that was playing music, but it did not appear to be disruptive or bothersome for residents. And there was one SNF/NF facility that had an intercom system that the DOH representative found to be disruptive for residents.

No actions necessary except to visit the one facility that had a disruptive intercom system and discuss and determine if it was a single incident or a pattern that needs further investigation by talking more with residents.

Sub Section: Results of Questions on Privacy

The following questions were in the section on privacy with the anticipated response shown in red:

Privacy Question Results (Table 7)

Question Number/Description	% Yes	% No	% Blank
7a. Is personal information being shared broadly such as staff discussing a resident's needs loudly? No	4%	93%	3%
7b. Are staff discussing or complaining about residents in front of others? No	2%	95%	3%

Privacy Interactions Questions Analysis:

There are a total of seven facilities that had issues with privacy. Three are ALF and the other four are SNF/NF. Two of the seven facilities scored poorly on both of the questions whereas the other five scored incorrectly on one of the areas such as having PHI readily visible as seen by the DOH representative. It is suggested that those facilities be directed to have additional HIPAA training provided to staff.

Sub Section: Results of Questions on Smell

The following questions were in the section on smell with the anticipated response shown in red:

Smell Question Results (Table 8)

Question Number/Description	% Yes	% No	% Blank
8a. Does the food smell appetizing? Yes	73%	9%	18%
8b. Do residents smell unclean? No	10%	86%	4%
8c. Is there a strong urine, feces, disinfectant, or chemical odor? No	16%	80%	4%

Smell Questions Analysis:

The results on the smell of the food are in line with the earlier results on whether food looks appetizing (question 1d). On the appetizing question, 10% of representatives found that it did not, and 9% do not find the smell appetizing. Food is a major concern for many residents and was frequently mentioned to those conducting the interviews.

Likewise, 10% of residents smelling unclean is also aligned with the earlier questions around grooming and hygiene where 7% of residents were found to be ungroomed. A number of DOH representatives commented on the issue of strong urine or feces smell in areas of the facility. In most of these cases, the cause was known already such as someone just having an accident and needing assistance. There was only one situation relayed that was reported to the ANE hotline related to this topic. One resident of a SNF/NF with limited mobility due to a recent surgery had requested assistance with changing herself at 9:00 pm but did not receive help until 9:00 am the next day.

Suggested interventions include planned visits around mealtime to inspect food. Additional interviews with residents about food as well as smells may be helpful in getting a better understanding of the scope of the problem.

Sub Section: Results of Questions on Feel

The following questions were in the section on feel with the anticipated response shown in red:

Feel Question Results (Table 9)

Question Number/Description	% Yes	% No	% Blank
9a. Is the building or the rooms too hot or too cold for residents? No	5%	92%	3%
9b. Are the floors slippery or sticky? No	4%	93%	3%
9c. Are the chairs or tables sticky or gritty? No	3%	94%	3%

Feel Questions Analysis:

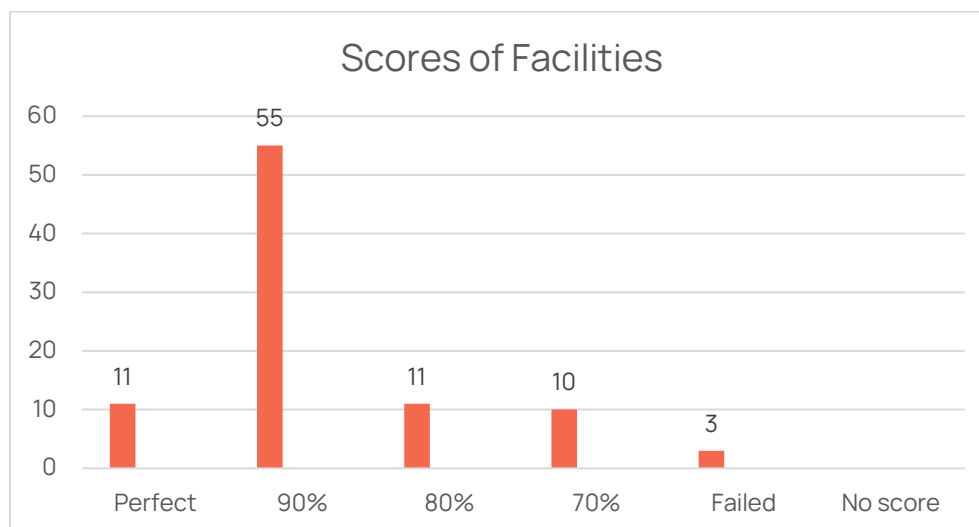
When residents complained about room temperature, it was almost always in response to a roommate desiring a different temperature. However, in eight facilities (5%) the representative noted uncomfortable temperatures. Questions related to floors, tables and chairs being slippery, sticky, or gritty registered little concern by those conducting the visits. Two (1%) facilities, both SNF/NF, scored poorly on both measures for cleanliness and are being referred for further investigation due to poor scores on numerous measures.

Section (3): Summary

Based on calculating how many of the measures, a facility did not have the correct y/n answer on the thirty-six questions that this evaluation evaluated, an assumption was made that a score of zero was a perfect score. Scores between 1 and equal to or less than 4 are equivalent to 90% of the total. 80% of the total score is greater than 4 but equal to or less than 7. Scores greater than 7 but equal to or less than 11 are scored at 70%, and those above 11 are a failing score. The table below shows the standard for the scores.

Score	% of Total
0	100%
1 to ≤ 4	90%
>4 to ≤ 7	80%
>7 to ≤ 11	70%
>11	Fail

The results are shown in the bar chart below.



The list of facilities receiving perfect scores is attached (appendix 3) and the list of facilities that either were reported or will be referred for further review are also attached (appendix 4). Most facilities missed a few items that can be corrected. Twenty-three (23) facilities missed a perfect score by one item. The most common items missed are below:

- Does the facility look like a home, rather than an institution?
- Can you tell who the facility administrator is and how to reach them?
- Is the activities calendar posted and followed?
- Is the menu posted and followed?
- Are residents participating in activities?
- Are any residents sleeping in their wheelchairs?
- Do staff knock on residents' doors and get permission to enter their rooms?
- Is there appropriate signage to report abuse, neglect, or exploitation?
- Is there a strong urine, feces, disinfectant, or chemical odor?

Future training and focus should focus on these items that were the most commonly missed. Posting information and providing it in a format that residents can use would have pushed a number of facilities into a perfect score. ALF facilities certainly scored better than SNF/NF, but there were a few SNF/NF that scored perfect or close to perfect. Further unannounced visit programs will continue to improve the service that LTC facilities provide to the citizens of New Mexico. Programs of this nature ensure that compassionate care for some of the most vulnerable New Mexicans is guaranteed.

APPENDIX 1: Letter of Authority

May 17, 2024

Surveyor Full Name

Re: Designation to Conduct Inspections of Health Care Facilities on Behalf of the New Mexico Department of Health

Dear [Surveyor First Name]:

By the authority vested in me as the Cabinet Secretary of the New Mexico Department of Health (“Department”), which licenses healthcare facilities in the state, I hereby delegate authority to you to act as an agent of the Department for the purpose of conducting inspections and investigations of healthcare facilities on behalf of the Department, from Friday, May 17, 2024 through Sunday, May 19, 2024. Inspections and investigations are conducted in accordance with NMSA 1978, § 24-1-5 (“The department is authorized to make inspections and investigations and to prescribe rules it deems necessary or desirable to promote the health, safety and welfare of persons using health facilities.”).

You are hereby authorized to conduct inspections and investigations, whether announced or unannounced, on behalf of NMDOH as the licensing body for licensed healthcare facilities in the state of New Mexico. This delegation authorizes the above-named individual to access protected health information on behalf of the Department, in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) regulation 45 C.F.R. § 164.512(d), as an agent for the Department of Health in the performance of health oversight activities.

The failure or refusal of a healthcare facility to permit the above-named individual to access facility premises, documents, information, staff, patients, or others on facility

premises may form the basis for sanctions against the facility, in accordance with NMSA 1978, § 24-1-5.2 and applicable regulations. The Department of Health requests that healthcare facilities visited by the above-named person permit such access, and timely provide any information that is requested.

Sincerely,



Patrick M. Allen
Cabinet Secretary

APPENDIX 2: Evaluation Document

Facility Visited: Click or tap here to enter text.

Provisional Representative: Click or tap here to enter text.

Date of Provisional Representative Visit: Click or tap to enter a date.

Most recent [Department of Health Survey](#) completed on: Click or tap to enter a date.

Scope of Provisional Representative Visit:

As an NMDOH Provisional Representative, you will make routine visits to long-term care facilities to observe and make note of what you see, hear, smell, and feel. Provisional Representatives have been designated a limited scope, observer, for this initiative. Any observations or information shall be reported back to NMDOH and may not otherwise be shared or discussed. Please use the checklist below to guide you through the facility visit and be sure to make note of any warning signs or red flags of potential, abuse, neglect, and/or exploitation.

Sight

Environment

	Yes	No
Does the facility look like a home, rather than an institution?	<input type="checkbox"/>	<input type="checkbox"/>
Do staff smile at residents?	<input type="checkbox"/>	<input type="checkbox"/>
Are Ombudsman materials displayed in areas accessible to residents?	<input type="checkbox"/>	<input type="checkbox"/>
Does the food look appetizing?	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment broken?	<input type="checkbox"/>	<input type="checkbox"/>
Are there hazardous areas accessible to residents?	<input type="checkbox"/>	<input type="checkbox"/>
Are call lights blinking or on for extended periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
Are staff talking or texting on their phones while on duty?	<input type="checkbox"/>	<input type="checkbox"/>
Can you tell who the facility administrator is and how to reach them?	<input type="checkbox"/>	<input type="checkbox"/>
Are the hallways clear for residents to move around?	<input type="checkbox"/>	<input type="checkbox"/>

Resident Rooms

	Yes	No
Are residents' rooms furnished with their own belongings?	<input type="checkbox"/>	<input type="checkbox"/>
Are food trays left out with uneaten or spoiled products?	<input type="checkbox"/>	<input type="checkbox"/>
Is trash overflowing?	<input type="checkbox"/>	<input type="checkbox"/>
Do resident rooms appear clean?	<input type="checkbox"/>	<input type="checkbox"/>

Resident Appearance

	Yes	No
Are residents groomed and have evidence of good hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents in clothes that are clean and fit them?	<input type="checkbox"/>	<input type="checkbox"/>

Resident Activities

	Yes	No
Is the activities calendar posted and followed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the menu posted and followed?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents participating in activities?	<input type="checkbox"/>	<input type="checkbox"/>
Are any residents sleeping in their wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>

Notes on Sight: Click or tap here to enter text.

Sound

Staff Resident Interactions

	Yes	No
Do staff knock on residents' doors and get permission to enter their rooms?	<input type="checkbox"/>	<input type="checkbox"/>
Do staff call residents by their names?	<input type="checkbox"/>	<input type="checkbox"/>
Do staff talk pleasantly and respectfully with residents?	<input type="checkbox"/>	<input type="checkbox"/>

- Are residents yelling out or requesting assistance without staff response? Yes No
- Are staff talking to each other, but ignoring residents? Yes No
- Is there appropriate signage to report abuse, neglect, or exploitation? Yes No

Environment

- Is music being played throughout the building? Yes No
- Is music or the intercom system disturbing to residents? Yes No

Privacy

- Is personal information being shared broadly, such as staff discussing a resident’s needs loudly? Yes No
- Are staff discussing or complaining about residents in front of others? Yes No

Notes on Sound: Click or tap here to enter text.

Smell

- Does the food smell appetizing? Yes No
- Do residents smell unclean? Yes No
- Is there a strong urine, feces, disinfectant, or chemical odor? Yes No

Notes on Smell: Click or tap here to enter text.

Feel

Yes No

- Is the building or are the rooms too hot or too cold for residents?
- Are the floors slippery or sticky?
- Are the chairs or tables sticky or gritty?

Notes on Feel: Click or tap here to enter text.

Resident Interactions

Resident #1

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you enjoy living here? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you participate in the activities offered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you like the food? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you like the staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know the Administrator? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel as though the facility is responsive to your needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of the Residents Council? If yes, have you ever participated? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there anything I haven't asked about that you'd like to tell me? (Narrative) Click or tap here to enter text. | | |

Resident #2

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you enjoy living here? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you participate in the activities offered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you like the food? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you like the staff? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you know the Administrator?

Do you feel as though the facility is responsive to your needs?

Are you aware of the Residents Council? If yes, have you ever participated?

Is there anything I haven't asked about that you'd like to tell me? (Narrative) [Click or tap here to enter text.](#)

As observers, NMDOH Provisional Representative may become aware of issues or perceive issues that need to be reported to the NMDOH. The following are examples of warning signs and red flags for which we request you call DOH as soon after your visit as possible, in addition to submitting your documentation:

Warning Signs

- Facility appears understaffed (e.g., call lights not answered promptly or turned off without care being provided).
- Resident rights are not respected (e.g., no choices in daily routine).
- Quality of food declines (e.g., fewer meal options, less food served).
- High staff turnover, staff not familiar with residents.
- Residents appear bored, less active, not engaged with others or activities.
- Facility is uncomfortable (e.g., not clean, has an odor, too hot/cold, noisy).
- Medication errors.
- Frequent lack of supplies and broken equipment.

Red Flags

- Significant, sudden change in resident behavior.
- Dramatic physical change of resident.
- Unexplained injuries.
- Residents are physically restrained and/or appear to be overmedicated.
- Severe lack of staff.
- Residents appear unclean, have odors.
- Staff disregard residents and their rights.
- Complaints are ignored.
- Missing personal items or funds.

APPENDIX 3: Facilities with Perfect Scores:

BROOKDALE VALENCIA (ALF)	ALBUQUERQUE
MONTECITO SANTA FE (THE) (ALF)	SANTA FE
HEARTFELT MANOR INCORPORATE (ALF)	ROSWELL
LA VIDA LLENA (ALF)	ALBUQUERQUE
FARMINGTON ALF LLC DBA THREE RIVERS ESTATES (ALF)	FARMINGTON
BEEHIVE HOMES OF ROSWELL- LLC (ALF)	ROSWELL
PACIFICA SENIOR LIVING SANTA FE (ALF)	SANTA FE
MONTECITO SANTA FE MEMORY CARE COMMUNITY (THE) (ALF)	SANTA FE
KINGSTON RESIDENCE OF SANTA FE (ALF)	SANTA FE
CASA ANGELINA SOUTHEAST LLC (ALF)	ALBUQUERQUE
LA VIDA LLENA (SNF/NF)	ALBUQUERQUE

APPENDIX 4: Facilities Reported or Referred

These facilities will be referred for low scores, cases that needed immediate investigation and one for COVID for further review.

BONNEY HOME (ALF)	Low Score	GALLUP
RED ROCKS CARE CENTER (SNF/NF)	Low Score	GALLUP
LAS PALOMAS CENTER (SNF/NF)	Incident reported over weekend and low score on evaluation	ALBUQUERQUE
UPTOWN REHABILITATION CENTER (SNF/NF)	COVID outbreak	ALBUQUERQUE
MORADA ALBUQUERQUE	Incident over the weekend	ALBUQUERQUE

APPENDIX 5: Resident Interviews

These comments are taken directly from the evaluations that were completed. Corrections to spelling or grammar have not been conducted. All facilities are not represented below.

- 1. Aztec Healthcare Resident 1:** The resident said that they were not allowed to go out front without a CNA but the CNAs are always busy. Could they hire a security guard that could be out there. The resident stated that they search their rooms. After a bit of discussion, the facility does not search the residents rooms they come through and if there are items on top of the wardrobe they are asked to remove them because they are not allowed to have items on top of the wardrobe. But he would like to have things up there.
- 2. Bear Canyon Rehabilitation Center Resident 1:** "I love it here. They treat everyone the same no matter the color of skin. I wear a wander guard bracelet in case I forget where I am and that makes me feel safer."
Resident 2: "I'm trying to get out of here and they (social services at the facility) have held onto my housing application, and nothing has been done."
"They deliver breakfast really late – after 8:30 am and it is always cold, and the coffee is cold."
- 3. Beehive Homes of Bosque Farms Resident:** One of the cooks isn't very good but the food is fine, sometimes the staff serve the food late, sometimes the staff take a while to respond to the residents needs.
- 4. Beehive Homes of Gallup Resident:** The resident was happy. He does need guidance. I had to speak loud for him to hear me. Resident was satisfied living in Beehive Home.
- 5. Belen Meadows (Genesis) Resident:** The resident stated she has been living in the facility for a year. She stated staff are very attentive, they are kind and assist the residents when needed. She stated the facility has an activity room with games, arts and crafts and books. She stated the only negative is the food, she stated she would like

more proteins and less potatoes and bread.

Resident 2: The resident stated he is comfortable in his environment and staff treat him good. He did state if the government would pay the staff more than minimum wage they would stay working at the facility longer and the food would be better. He stated the food quality is “alright” but could be better.

6. Bonney Home (ALF 513 William Street, 802 E Hill Ave, 2021 Barbara Ave.) Resident 1:

Resident reported there are no phone for residents to call their families, they are also not allowed to put anything up on the walls in their rooms. There is no privacy, there is nothing to do but watch tv. The staff are mean, they will not say hi and will get mad sometimes. This resident was upset they did not get to go anywhere and stated they were lonely and sad.

Resident 2: The resident stated she did not know about the activity schedule being posted. She stated she doesn't participate in any activities and stated, I don't think they do the activities with anyone. She stays in her room majority of the time and stated, “the activity schedule is just up for show”. The resident told me her light bulb burned out and needed to be changed. The resident told the staff, and nothing had been done to change out the light bulb. So, she uses her lamp for lighting. The resident also mentioned the toilet bowl in the restroom is out of order and has not been fixed yet.

7. Canyon Transitional Resident: Food is only ok sometimes. Ceiling of room needs painting. Need more staff. Wait time for assistance with personal care from staff is 5-20 minutes so sometimes bowel movement happens before they come to help.

8. Casa Del Sol Center (SNF/NF) Resident 1: Resident A stated it was her second time at the facility after her second fall. Resident A stated she has never had any issues with the facility and that staff has always been friendly towards her.

Resident 2: Resident B stated that she had worked at the facility for 13 years before and experienced a stroke now she has become a resident. Resident B stated she is the head of the Resident's Council and enjoys living there.

9. Gallup Nursing & Rehabilitation Resident: A resident stated a night shift staff was rough with her. The daughter of the resident, stated that her mom has leg pain possibly

from her fracture spine, and the daughter stated, her mom needs to be assisted to get up and has to be done slowly. The resident also stated that she will push the light for help to the restroom, but it takes time for someone to come to her room.

10. Ladera Center Resident: Communication is an issue, as is staff turnover. Staff keep leaving. The cook left and now the food is awful. There used to be more activities, but the activities director left so recently there is nothing going on. Additionally, several items of valuable clothing have gone missing from the laundry. (Resident reports not being told he had to write his name on clothing. He is missing 2 pairs of expensive jeans and several nice shirts.)

11. Las Estancias by Pure Health Resident: This resident said that she enjoyed the activities they offered and liked the food and the staff. She tried but could not summon the Administrator's name and did not seem to have a relationship with them. She said that she would like to see an eye doctor as it has gotten more difficult to read without glasses. When asked about community activities, she said that outings were not offered except for an occasional trip to Walmart or JC Penney. She said that if they let staff know in advance they might be able to go to the grocery store. When asked about her privacy, she said that because the door was always open she either changed clothes in the bathroom or opened the door to her closet and tried to change clothes with the closet door blocking the view to the hall. She did not express distress about this, rather acceptance.

12. Pacifica Senior Living Santa Fe (ALF) Resident: According to the attendant they had been conversing that afternoon and watching TV. The patient has a curve in her spine and sits hunched over. She listened to our conversation and when spoken to directly raised her head and made a sound. She seemed well and cared for and responsive.

13. Red Rocks Care Center Resident: Resident stated the food is ok. Resident stated she's tired of eating mutton all the time. Resident stated the facility does not offer a lot of activities. The resident came from another nursing home located in Bloomfield and they had more activities to do. Residents stated she has to wait at least 2-hours to take a shower. Resident stated, she use to take daily showers. Resident stated, there is a

schedule to take showers and she was scheduled for the night shift. Resident talked to the Social Services and switched the shower schedule to day time and says its better.

14. Rio Rancho Center Resident: "I wouldn't say I enjoy living here, but it is better than the place I was at before. However, they are telling me I have to pay to use the phone here – at the last place it was provided free. The food is edible but not fantastic. Some of the staff are very helpful but others treat me like an inconvenience. I used to participate in the Resident's Council but not anymore – everything gets said but nothing is done. They need to have better communication here. The PT didn't even know who the head nurse is."

15. Santa Fe Care Resident: Resident #1 spoken with reported that she feels the food is not appetizing and she doesn't believe the cooks are trained "cooks". She also feels staff are forgetful of items of food when offered. Resident showed us a very small portion of mixed fruit that was given to her that she did not consume. She also reported that language differences between staff and some residents are a challenge and can be frustrating. Resident also reported that she has felt/observed that there are not enough staff at times. I did not observe that at this visit.

Resident 2: Resident #2 that we spoke with reported feeling very content with the staff and named four staff she feels go above and beyond for her.

Resident 3: I have been here 4 years. It is very cold in my room. A hold in my closet made that worse. No privacy in the bathroom because the doors are left open so that heat from next door can come through to the adjoining room. The food is small portions and not good. Cannot get yogurt in the morning that I request. Sometimes the staff just forgets it and forgets silverware. Or condiments and when they are asked for I am questioned as if I don't know or am lying. The Olivia the head chef would argue about my food requests. Short staffed – often 1-2 CNA's at night.

16. Sundance Care Home (ALF) Resident feels there is not a lot to do other than watch tv. When activities are done it is in the parent location and not in the community. The resident feels like the staff talk about her weaknesses behind her back and was upset about that.

- 17. Sunny Day Resident:** This resident talked about Kyle lying to them, He was supposed to bring a sheep to butcher on mother's day but it never happened. The resident says that since Kyle took over things have gone downhill, she mentioned that staff are normally hiding and do not come out of the office until we show up then they are running around like ants. She also mentioned that once we leave the administration will start making comments like someone reported the facility and that is why a visit was conducted.
- 18. Taos Healthcare (1340 Maestas Rd. Taos, NM 87571) Resident:** Resident 2 stated it is hit or missed there. Her UTI was delayed because they lost her sample. She has problems with her stomach but feels she does not have a menu to meet her needs. The staff is nice but when one wing was shut down because of a stomach bug the staff seemed irritated and she felt it was not their fault. She stated she is lucky because she has a support system outside facility that can meet her needs, but others do not have an advocate. There was a BBQ one weekend and that should happen more often. She likes that music is played and religion is practiced. Would like her own room. She stated they have been remodeling facility and moved her to another room and moved her back to her room when remodel was complete.
- 19. The Neighborhood in Rio Rancho Resident:** This resident was aware of but not interested in the Residents Council. They were effusive about the quality of life they had at this facility and about the community they had there. They said they had never had a bad meal since they had been there at the facility's opening in 2016. They had started in independent living and are now currently in long-term care.
- 20. Welbrook Senior Living Resident:** This resident said that they like living here. As an example, they let him do a harder work out for 15 min so that I could get to lunch on time. He said they will not let you use the equipment improperly. He was not happy that he had to come here but now he did it and will be leaving soon to get a heart valve transplant. He had to have whatever he was there for taken care of before he could get his transplant.