



April 15, 2025

Via Email

Dan Lanari, Division Director
New Mexico Health Care Authority, Division of Health Improvement
P.O. Box H
Santa Fe, NM 87504

Subject: Public Comments on Proposed Assisted Living Regulations, Title 8, Chapter 370, Part 14 NMAC

Dear Director Lanari,

On behalf of the New Mexico Health Care Association and New Mexico Center for Assisted Living (NMHCA/NMCAL), and its 95 Assisted Living Facility members (representing approximately 3,500 beds), I am writing to provide comments on the proposed rules for assisted living facilities under Title 8, Chapter 370, Part 14 NMAC. We appreciate the opportunity to contribute to this important process aimed at enhancing the quality of care and safety for assisted living residents in New Mexico. The Association respectfully recommends that the Department consider the following comments to ensure that the final regulations effectively support both residents and providers.

NMHCA/NMCAL and its members are committed to delivering high-quality care; however, certain definitions and requirements within the proposed rule need clarification to avoid confusion and ensure practical implementation. While the proposed rules strengthen oversight and care standards, some provisions may unintentionally create ambiguity or impose burdens on providers, residents, and families—potentially impacting resident choice and overall quality of care.

For instance, vague terms such as “undue delay” or “adequate training” may lead to inconsistent interpretation and enforcement. Additionally, overly restrictive policies related to medication management could limit residents’ ability to age in place. While we appreciate the inclusion of language permitting limited medication administration, we believe the rule could go further in supporting residents’ rights to remain in their homes as their needs evolve.

Refining these provisions to balance regulatory clarity with operational flexibility will help ensure that facilities can meet the diverse needs of residents without undue administrative strain.

Attached are NMHCA/NMCAL’s detailed comments on specific sections of the proposed rule. These suggested revisions aim to strengthen the assisted living regulations by improving clarity, supporting resident choice, and ensuring continued high-quality care.

Please feel free to contact Vicente Vargas at v.vargas@nmhca.org or 505-710-8560 should you have any questions or wish to discuss these comments further. Thank you for your attention to this matter and for your continued commitment to improving assisted living standards in New Mexico.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vicente Vargas', is written over a horizontal line.

Vicente Vargas, Executive Director

Proposed Rule: 8.370.14.7 DEFINITIONS

The following definitions should be added to the proposed rule

Assistance with delivery of medication: means assistance with the method by which the individuals take or receive their medication based on clear and concise orders transcribed on the Medication Assistance Record. Shall have written consent of the resident or family to assist with medications.

Current Written Consent: means a written informed consent form that identifies the type of medication delivery and the assistance or administration the individual requires that is signed by the individual/guardian/surrogate health decision maker. Consents when there is any change in the individual's functional ability or the family designee.

Electronic Records (EMR): means real-time, resident-centered records that make information available instantly and securely to authorized users.

Emergency Admission: means an unplanned, often urgent admission, often via adult protective services, which occurs when a resident is admitted at the earliest possible time, often delaying normal admissions procedures.

Incident: means an event involving a resident that occurs causing harm or illustrates a potential for harm and requires an intervention.

Follow-up: means report provided to the licensing agency 5 days after the report of an incident that outlines actions taken by the facility in response to the incident.

Family Designee: means an individual or group of individuals designated by the family/power of attorney to assist a resident in taking their medication(s) when they are no longer able to self-administer.

Routine medication: means a medication for which the frequency of administration, amount, strength, and method of administration are specifically fixed as determined by the health care provider. Routine does not include medications for which the time of administration, the amount, the strength of dosage, the method of administration or the reason for administration is left to judgment or discretion.

Undue Delay: means any failure to provide requested records or information to a surveyor within a reasonable timeframe, typically within 1-2 hours of the request during a survey, unless a valid and documented reason (e.g., off-site storage or technical issues) is provided and resolved promptly."

Unusual Event: means an event that results in injury as a result of failing to follow the care plan or facility policy. Any assault: physical, sexual, or verbal. Any injury related to equipment not working due to maintenance issues, such as failure to change or charge batteries. Burns to a resident. Elopements where the resident is gone for more than 15 minutes and/or sustains injuries. Injuries involving severe and/or multiple fractures, especially fractures of "unknown origin"

Comment: adding these definitions will clarify subjective terms or language in the proposed rule and will ensure consistent regulatory enforcement, preventing subjective interpretations and promoting fairness for all assisted living providers.

Proposed Rule: 8.370.14.7 DEFINITIONS

The following are comments related to existing definitions in the proposed rule change.

(A)(1) Activities of daily living: (ADLs) ~~as per 42 CFR Section 441.505-2016~~ “means basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring”, and also includes general hygiene and mobility.

Comment: Referencing nursing facility regulations under state assisted living rules is generally ill-advised because these two types of care facilities serve distinct purposes, cater to different resident needs, and operate under separate regulatory frameworks. Combining or conflating them can lead to confusion and inappropriate standards should federal regulations change.

~~(A)(5) Adult Day Care: means a licensed facility where care, services, and supervision are provided to adults.~~

Comment: Delete the definition of Adult Day Care, as it is a separate service governed by its own distinct regulations. Adult Day Care operates under a unique set of administrative rules specifically designed for its purpose—providing daytime care and activities for adults who do not reside in an assisted living facility. Including Adult Day Care within the proposed Assisted Living regulations is misplaced, unnecessary, and likely to cause confusion.

(I)(3) Instrumental activities of daily living (IADLs): means activities related to living independently in the community, including but not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community” ~~as defined in 42 CFR Section 441.505.~~

Comment: 42 CFR Section 441.50 is a federal administrative rule that regulates nursing facilities. Referring to federal nursing facility regulations under the proposed state assisted living regulation is generally ill-advised because these two types of care facilities serve distinct purposes, cater to different resident needs, and operate under separate regulatory frameworks. Combining or conflating them can lead to confusion and inappropriate standards should federal regulations change.

~~(M)(6) Mini mental status exam (MMSE): means a 30 point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment, published by psychological assessment resources based on its original 1975 conceptualization.~~

Comment: The Mini Mental Status Exam (MMSE) is not mentioned or referenced in the proposed assisted living regulations. Such an absence indicates that it is not a required or expected assessment for ALF residents. Its inclusion is unnecessary and only creates confusion amongst regulators, facility providers, and other stakeholders.

(Q)(1) Qualified service animal: means any qualified service dog or qualified service miniature horse where reasonable that has been or is being trained to provide assistance to an individual with a disability. “Qualified service animal” does not include a pet, an emotional support animal, a comfort animal, or a therapy animal.

Comment: NMHCA/NMCAL suggest adding “where reasonable” to the definition regarding a miniature horse. The Americans with Disabilities Act (ADA) already allows for reasonable accommodations when it comes to service animals, including miniature horses. Adding “where reasonable” to the definition aligns with federal guidelines and provides clarity for ALF providers. Allowing miniature horses in most assisted living facilities is impractical due to their incompatibility with the environment and residents’ needs. These facilities lack the space to accommodate a miniature horse (34-38 inches tall), with cramped quarters and narrow hallways posing navigation and safety risks. Unlike service dogs, miniature horses produce significant manure and urine, overwhelming sanitation systems and threatening hygiene in shared spaces. Their intensive care demands—grooming, feeding hay and grain, and hoof maintenance—exceed what residents or untrained staff can manage, while their presence risks injury to fragile residents through tripping, startling, or accidental kicks, heightening liability concerns.

Proposed Rule: 8.370.14.9 LICENSURE WAIVERS AND VARIANCES.

E.D The licensing authority ~~shall~~ may limit the duration of any waiver.

Comment: Imposing a mandated duration for waivers may not be reasonable in all instances. Such a requirement could unnecessarily limit the discretion of the licensing authority and hinder its ability to tailor the application of a waiver to the specific circumstances of a given situation.

Proposed Rule: 8.370.14.11 SURVEY OR MONITORING VISITS

D. Failure of the facility to provide records. Undue delays in the production of records are unacceptable.

Comment: Define “undue delay.” Defining “undue delay” ensures consistent regulatory enforcement, preventing subjective interpretations and promoting fairness for all ALF providers.

Proposed Rule: 8.370.14.16 STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.

A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time on-site administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall:

Comment: The context in which the term “on-site” is used in Subsection A above raises questions as to how a full-time on-site administrator can be at multiple locations within a 40-mile radius. This should be clarified to avoid any ambiguity that could result in inconsistent enforcement through subjective interpretations.

~~(A)(4) complete a state approved certification program for assisted living administrators, or a current license as a nursing home administrator (NHA).~~

(A)(4) Complete or hold

- i. a state approved certification program for assisted living administrators, or
- ii. current license or certification as an AL Administrator in another state, or

- iii. a current license as Nursing Home Administrators (NHAs) or Health Services Executives (HSEs).

Comment: New Mexico should allow reciprocity for Assisted Living Administrators who are licensed or certified in other states as a pathway to becoming certified in New Mexico. Surrounding states—such as Colorado, Texas, Arizona, and Utah—as well as many others, have established training and education standards for Assisted Living Administrators that could easily and seamlessly transfer to New Mexico.

New Mexico already offers reciprocity for Nursing Home Administrators and many other licensed professionals; extending this option to Assisted Living Administrators would align with existing licensing practices. To address concerns about training adequacy, the Department could require submission of a curriculum overview from out-of-state applicants. Additionally, the Department should establish minimum standards for Assisted Living Administrator certification in New Mexico.

A Health Services Executive (HSE™) credential should also qualify someone to be Nursing Home Administrator without having to complete a state approve certification program. Introduced by the National Association of Long-Term Care Administrator Boards (NAB), the HSE™ is a broad-based qualification that enables administrators to practice across the senior living and health services continuum. More information can be found at: <https://nabweb.org/seeking-licensure/hse>.

(A)(10) Complete twelve (12) hours of continuing education annually

Comment: Add 12 hours of continuing education annually. Such a requirement will help Assisted Living Administrators stay up to date with the best practices for providing quality care. Twelve (12) hours of continuing education is a standard for other certified and/or licensed professionals.

~~(B)(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;~~ shall complete current requirements pursuant to NMAC 8.370.14.17.

Comment: “Adequate and relevant” are subjective terms and should not be included in regulatory language to ensure consistent regulatory enforcement and preventing subjective interpretations. NMAC 8.370.14.17 should be referenced as it clearly outlines education and training requirements, thus removing the potential for subjective interpretation.

Proposed Rule: 8.370.14.17 STAFF TRAINING:

~~A. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include:~~ At least twelve (12) hours of training with proof of competency shall be provided at orientation and must include but is not limited to the following:

- (1) emergency procedures, fire safety and evacuation training;
- (2) first aid;
- (3) safe food handling practices (for persons involved in food preparation), ~~to include:~~ pursuant to Food Service and Food Processing, NMAC 7.6.2
 - ~~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;~~
- (4) Methods for providing effective, safe, efficient, patient-centered, equitable, and timely quality resident care;
- (5) ~~(11)~~ medication assistance, including the certificate of training for staff that assist with medication delivery; and
- (6) ~~(12)~~ the proper way to implement a resident ISP for staff that assist with ISPs.
- (7) training pursuant to the Long-Term Care Facility Dementia Training Act

B. At least twelve (12) hours of in-service training annually after the first year of employment to include

- (1) Training on identified areas of weakness as determined by performance reviews;
- (2) addressing the unique needs of a facility's resident population;
- (3) other state-mandated trainings;
- (4) proof of competency.

Comment: Requiring training on the same material annually does not address the unique and ever evolving needs of ALF staff and residents. Initial orientation training should be separated from annual training requirements. Many of the proposed twelve training requirements, while needing to be modified, are also more appropriate for initial training opportunities. Some requirements are appropriate for annual training refreshers, but requiring all as annual training pieces prevents the allowance and inclusion of more relevant training opportunities, especially given that currently, Assisted Living providers must complete up to 30 hours of training each year. Replacing the current list of annual training requirements with language that requires training to address the unique needs of the individuals would better serve the residents.

Proposed Rule: 8.370.14.19 STAFFING RATIOS: The following staffing levels are minimum requirements.

- A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.
- (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each ~~fifteen (15)~~ sixteen (16) residents.
 - (2) During resident sleeping hours, facilities with ~~fifteen (15)~~ sixteen (16) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.

- (3) During resident sleeping hours, facilities with ~~sixteen (16) to thirty (30)~~ seventeen (17) to thirty-four (34) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.
- (4) During resident sleeping hours, facilities with ~~thirty-one (31) to sixty (60)~~ thirty-five (35) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.
- (5) During resident sleeping hours, facilities with more than ~~sixty-seventy-one (671)~~ residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty-five (35) residents or fraction thereof in the facility.

Comment: Increase staffing ratios to a 1-16 ratio. The language at 8.370.14.19 (A) “sufficient number of staff to provide the basic care, resident assistance...” provides for the enforcement of necessary increases in staff when resident census requires. Facilities serving more independent residents may not need 2 staff per 16 residents, while facilities serving residents needing more ADL support may need two.

(A)(6) Facilities with multiple buildings/units on a single campus may share staff via floating staff member(s).

Comment: In lieu of changing the language, allow facilities to share staff between units. Currently, a facility at 100% occupancy with five 15-bed units/buildings on one campus would need 10 staff members during waking hours, but a single building with similar square footage with 75 residents would only need 5 staff members. Another scenario would be a CCRC where residents may be more independent, and staffing is available to assist at all time from other licensed areas. Again, NMAC 8.370.14.19 (A), would provide for enforcement of required staff increases.

Proposed Rule: 8.370.14.20 ADMISSIONS AND DISCHARGE:

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 8.370.14.7 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:

- (2) intravenous therapy or non-routine injections;

Comment: The IV and injection restriction hinders the choices of residents who require assistance with injectable medications. Home infusion pumps for therapy services are available and would allow residents to “age in place,” and insulin dependent residents should not be denied choice or be forced to pay for a third party to inject medications. With staff training and family delegation, insulin pens should be allowed as part of the assisting with medication programs. This is not a novel concept in NM as the school system allows for non-nurses to administer insulin to students where a nurse is not present, <https://www.srca.nm.gov/parts/title06/06.012.0011.html>, and Nevada, a state with similar

challenges, allows for trained caregivers in assisted living to provide necessary injections utilizing insulin pens, <https://www.leg.state.nv.us/nrs/NRS-449.html#NRS449Sec017>.

(B)(10) Residents that require the use of a ~~Hoyer~~ mechanical lift; and

Comment: Change the term “Hoyer” to “mechanical.” The term “Hoyer” refers to a trademarked brand name and has become a generic trademark. Mechanical lifts should also be removed from the list of restrictions at 8.370.14.20(B) as it doesn’t require 24-hour nursing services and would allow for more ALFs to admit more residents with specific care needs.

Proposed Rule: 8.370.14.21 RESIDENT RECORDS:

(A)(11) Copies of ~~all completed and signed transfer forms or discharge summary~~ from the accepting hospital or other health care facility ~~when a resident is transferred to a hospital or another health care facility and~~ when the resident is transferred back to the facility.

Comment: When a resident is transferred from an Assisted Living facility to a hospital or other acute care facility, the Assisted Living facility typically provides standard relevant information to accepting hospitals or other acute care facilities, but they are not typically signed transfer forms. When residents are transferred back to the Assisted Living facility, hospitals and other acute care facilities provide discharge summaries with instructions for care, and they are not typically signed. Assisted Living facilities do not discharge private-pay residents to hospitals or other acute care facilities because the facility is the resident’s home, and they are still paying rent. There are times when residents and family members take themselves or loved ones to the hospital without informing the facility, so transfer forms are not always available. Eliminate and replace with discharge summary.

Proposed Rule: 8.370.14.22 FACILITY REPORTS, RECORDS, RULES, POLICIES, AND PROCEDURES:

(A)(8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; snacks and always available options may be posted separately

Comment: Many facilities offer choices of snacks throughout the day. Allow for the separate posting and record for the snack choice list or always available options. While some surveyors will accept separate postings, including the language will eliminate subjective enforcement.

(D)(24) infection control; the policies shall identify the nationally or state recognized guidelines upon which the policies are based. The policies and procedures shall include at a minimum, all of the following criteria:

- (a) ensure a safe and sanitary environment for residents and personnel,
 - ~~(b) the method for tracking infection and initiating a response,~~
 - ~~(c) the method for determining when to seek assistance from a medical professional or the local health department,~~
 - (d) isolation techniques, and
 - (e) appropriate handling of linen and clothing of residents with communicable infections.
- Any item containing blood, body fluid, or body waste from a resident with a

contagious condition shall be presumed to be infectious waste and disposed of in accordance with the state's infectious waste disposal requirements, 20.9.8.13 NMAC (8/2/2007).

Comment Proposed Rule 8.370.14.22(D)(24)(b): Residents have their own physicians/physician extenders because the assisted living is their home and facilities offer many different levels of care; hence, not all residents will report illness to the facility, especially in larger facilities where residents are more independent, making tracking infections and initiating a response very difficult in many facilities.

Comment Proposed Rule 8.370.14.22(D)(24)(c): would require a medical assessment in ALF. Assisted Living facilities are not medical models. Therefore, they employ predominantly non-medical staff who do not have the ability or training to conduct a safe and proper medical assessment. The New Mexico Department of Health (DOH), Epidemiology & Response Division, has more appropriate guidelines regarding reporting infectious disease outbreaks. NMHCA/NMCAL welcomes the opportunity to collaborate with HCA and engage DOH for assistance.

Proposed Rule: 8.370.14.23 PETS:

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.~~

Comment: Subsection K of 7.6.2.9 NMAC should be removed as it references mobile food establishments and pushcart requirements and doesn't relate to service animals.

Proposed Rule: 8.370.14.25 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. When emergency placement is warranted, the fifteen (15) day evaluation shall be waived, and the evaluation shall be completed within five (5) days after admission.

Comment: Add language that waives the resident evaluation prior to admission in emergency situations. Although uncommon, emergency ALF placements do present themselves, and when they do, resident evaluation requirements should not prohibit quick, efficient, and safe ALF admission.

D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical ~~evaluation~~ visit by a physician or a physician extender at least annually.

Comment: Assisted Living Facilities (ALFs) operate under a non-medical model, with living arrangements more akin to renting an apartment than residing in a nursing facility. By virtue of renting a room in an ALF, residents—as well as state regulators—often view that space,

along with common areas, as the residents' home, much like an apartment in a larger housing complex.

While residents typically maintain their own physicians or physician extenders and retain autonomy over their health care decisions, many are resistant to mandated medical evaluations, particularly when those evaluations are facilitated or overseen by the ALF provider. Frequently, residents decline to participate in provider-facilitated evaluations or choose not to share results from independently obtained medical visits. These evaluations are often viewed as intrusions on residents' personal freedom and privacy.

To balance regulatory goals with resident rights, mandated medical evaluations should be replaced with a requirement for an annual "medical visit." This compromise maintains oversight of residents' well-being while respecting their autonomy. In practice, surveyors have already deferred to annual visits; the regulation should be updated to align with this accepted and resident-centered approach.

Proposed Rule: 8.370.14.29 TRANSPORTATION: The facility shall either provide transportation or assist the resident in using public transportation

(A) The facility's motor vehicle transportation assistance program shall include the following elements:

(1) ~~resident evaluation~~ the importance of viewing the resident evaluation(s) of every resident being transported;

Comment: 8.370.14.29(A)(1) The proposed language, "resident evaluation," is ambiguous and should be clarified. Subsection A appears to address transportation training requirements. If subsection (A)(1) means to require staff to be trained to review resident evaluations when assisting with transporting residents, then require the transportation training to discuss the necessity of knowing the evaluations of residents being transported. If "resident evaluation" is referring to something different, clarification is required.

(A)(7) training must be specific to the type of transportation being used

Comment: Many surveyors have required facilities offering resident transportation to use a state-approved transportation training course when utilizing vans and vans with lifts, but this requirement is not in the rule. The proposed rule should align with surveyor mandates and require transportation training to ensure ALF staff are properly trained.

Proposed Rule: 8.370.14.38 LAUNDRY SERVICES:

~~(A)(4) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.~~

Comment: Eliminate this provision and instead require facilities to follow the National Fire Protection Association Life Safety Code and other relevant building codes. The proposed requirement adds expense and could be a barrier to opening new facilities.

Proposed Rule: 8.370.14.66 STAFF AND RESIDENT FIRE AND SAFETY TRAINING:

(D)(1) Fire drills shall be held at different times of the day, evening and night. Table top exercises or simulations by staff are allowed for night drills and in severe weather.

Comment: Allow fire drill tabletop exercises or simulations conducted by staff, especially for night-time drills and during severe weather conditions. In facilities serving individuals with dementia, traditional fire drills can cause significant physical discomfort and emotional distress due to impaired cognitive processing. These negative effects may persist for days after the disruption. Loud, sudden alarms can lead to severe disorientation, increasing the risk of falls or erratic behavior. Additionally, residents may not recognize the sound as a fire alarm or understand how to respond, which can result in panic or freezing in place.

Proposed Rule: 8.370.14.69 HOSPICE:

(B)(1) ~~provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident's ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and provide resident-specific training based on needs as identified by the hospice provider.~~

(B)(2) offer an ongoing employee psychological support program for end-of-life care issues.

(C)(1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident's needs as outlined in the ISP and shall include ~~one (1) hour of~~ training specific to the resident for all direct care staff.

Comment: Under 8.370.14.69(B)(1) and 8.370.14.69(C)(1), training should be adequate to meet resident's needs of the being served. Mandating a set number of training hours isn't conducive to meeting residents' needs. Assisted Living providers with hospice and dementia residents are currently required to provide 30 hours of training annually. Requiring training that doesn't meet resident needs will not add to the quality of care and will only take caregivers away from their duties.

Recommend correcting grammar in B.2. End-of-life is being used as an adjective and requires hyphenation.

(D)(4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident's freedom of choice with regard to decisions allowing them to age in place.

Comment: Include language that emphasizes the goal of allowing residents to age in place.

Proposed Rule: 8.370.14.70 MEMORY CARE UNITS:

(A)(5) "Secured environment" means ~~locked~~ (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.

Comments: Under 8.370.14.70 (A)(5), remove the word "locked." The term "locked" refers to units or areas where doors are physically secured to prevent residents from leaving without supervision. In contrast, "secured" or "monitored" refers to areas with controlled access—such as alarmed doors, staff monitoring, or keypad/code entry systems. Residents in secured areas often have greater freedom of movement, while exits are still supervised to prevent

unsafe wandering. This language more accurately reflects the range of care models provided in New Mexico's Assisted Living Facilities (ALFs).

(C) Employee training. In addition to the training requirements for all assisted living facilities, pursuant to 8.370.14.17 NMAC, all employees assisting in providing care for memory unit residents shall have a minimum of ~~twelve (12) hours~~ four (4) hours of training per year related to dementia, Alzheimer's disease, or other pertinent information.

Comment: Dementia training should be tailored to the specific needs of the residents rather than based solely on a set number of hours. Mandating extensive training that does not align with resident needs may not improve the quality of care and could instead reduce the time caregivers spend with residents, potentially impacting day-to-day support.