

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiency was cited during a complaint survey completed on 01/12/15 for the New Mexico requirements for Assisted Living for Adults, 7.8.2 NMAC. Complaint NM # 29591 was unsubstantiated.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (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: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC,	A 032		

Division of Health Improvement LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 032	<p>Continued From page 1 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report an incident of potential exploitation against Resident #1 within 24 hours of being notified of the incidents. Failure to report incidents of exploitation in a timely manner could increase the possibility that all 57 residents in the facility could also be subjected to exploitation. The findings are:</p> <p>A. On 01/09/14 at 11:20 am, during interview, the complainant (daughter of R #1) stated, "I discovered that \$500 was missing from my [REDACTED] [REDACTED] I give [REDACTED] \$150/month from [REDACTED] retirement check. I know there was \$400-\$500 in [REDACTED] I let the Executive Director know that the money was missing. I had looked everywhere. I did not level accusations against anyone. I expected a little help from the facility, but I got a big blowoff. Nothing was said about the money."</p> <p>B. Record review revealed no notification to the Health Facility Licensing and Certification Bureau concerning potential misappropriation of the residents' funds..</p> <p>C. On 01/12/15 at 11:45 am, during interview, the Executive Director stated that the incident had not been reported to the Health Facility Licensing and Certification Bureau. She also stated that she was unaware of the incident reporting process.</p>	A 032		