

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 000	Initial Comments On 05/05/16 a Full-Onsite survey was conducted for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Deficiencies were cited as result of the survey.	A 000		
A 008	7 NMAC 8.2.8 General Licensing Requirements GENERAL LICENSING REQUIREMENTS: A. Licensure is required. No person or entity shall establish, maintain or operate an assisted living facility without first obtaining a license. B. Application for licensure. An initial or renewal application shall be made on the forms prescribed by and available from the licensing authority. The issuance of an application form is not a guarantee that the completed application will be accepted, or that the department will issue a license. Information provided by the facility and used by the licensing authority for the licensing process shall be accurate and truthful. The licensing authority will not issue a new license if the applicant has had a health facility license revoked or renewal denied or has surrendered a license under threat of revocation or denial of renewal. The licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of applicable rules found to be class A or class B deficiencies as defined in Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC or has been non-compliant with plans of correction. The licensing authority will not issue a license until the applicant has supplied all of the information that is required by this rule. Any facility that fails to participate in good faith by falsifying information presented in the licensing process shall be denied licensure by the department. The following information shall be submitted to the licensing authority for approval:	A 008		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Improvement

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A 008	<p>Continued From page 1</p> <p>(1) a letter of intent that includes the proposed physical address, the primary population of the facility and a summary of the proposed services; after the letter of intent has been received, an application packet including; the application form, fee schedule and the licensing rule will be issued to the applicant by the licensing authority;</p> <p>(2) the completed and notarized application and the appropriate non-refundable fee(s);</p> <p>(3) a program narrative identifying and detailing the geographic service area, the primary population including any special needs requirements, along with a full description of the services that the applicant proposes to provide including:</p> <p>(a) a description of the characteristics of the proposed population of the facility;</p> <p>(b) a description of the services and care that will be provided to the residents;</p> <p>(c) a description of the anticipated professional services to be offered to the residents; and</p> <p>(d) a description of the facility's relationship to other services and related programs in the service area and how the applicant will collaborate with them to achieve a system of care for the residents.</p> <p>(4) policies and procedures annotated to this rule;</p> <p>(5) evidence to establish that the applicant has sufficient financial assets to permit operation of the facility for a period of six (6) months; the evidence shall include a credit report from one of the three recognized credit bureaus with a minimum credit score of six-hundred fifty (650) or above;</p> <p>(6) copies of organizational documents to include the following list of items:</p> <p>(a) the names of all persons or business entities that have at least five percent (5%) ownership interest in the facility, whether direct or indirect</p>	A 008		

Division of Health Improvement

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A 008	<p>Continued From page 2</p> <p>and whether in profits, land or building; this includes the owners of any business entity which owns all or part of the land or building;</p> <p>(b) the identities of all creditors that hold a security interest in the premises, whether land or building;</p> <p>(c) any changes in ownership or management shall be reported to the department within thirty (30) days;</p> <p>(7) building plans as required at 7.8.2.41 NMAC of this rule;</p> <p>(8) fire authority approval as required at 7.8.2.60 NMAC of this rule;</p> <p>(9) a letter of approval or exemption from the local health authority having jurisdiction for the food service and the kitchen facility;</p> <p>(10) a copy of liquid waste disposal and treatment system permit from local health authority having jurisdiction;</p> <p>(11) approval from local zoning authority;</p> <p>(12) building approval (certificate of occupancy); and</p> <p>(13) any other information that the applicant wishes to provide or that the licensing authority may request.</p> <p>C. Application for amended license. A licensee shall submit an application for an amended license and the required non-refundable fee to the licensing authority prior to a change with the facility. An amended license is required for a change of: location, administrator, facility name, capacity or any modification or addition to the building.</p> <p>(1) An application for a change of the facility administrator or change of the administrator's name shall be submitted to the licensing authority within ten (10) business days of the change.</p> <p>(2) An application for increase in capacity shall be accompanied by a building plan pursuant to</p>	A 008		

Division of Health Improvement

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A 008	<p>Continued From page 3</p> <p>7.8.2.41 NMAC of this rule. A facility shall not increase census until the licensing authority has reviewed and approved the increase and has issued a new license that reflects the approved increase in capacity.</p> <p>D. Application for license renewal. Each facility shall apply for a renewal of the annual license within thirty (30) business days prior to the license expiration date by submitting the following items:</p> <ul style="list-style-type: none"> (1) an application and the required fee; (2) an updated program narrative, if the facility has changed the program or the focus of services; (3) the annual fire inspection report; and (4) the licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of this rule or has been noncompliant with plans of correction or payment of civil monetary penalties. <p>E. License. Any person or entity that establishes, maintains or operates an assisted living facility shall obtain a license as required in this rule before accepting residents for care or providing services.</p> <ul style="list-style-type: none"> (1) Each facility that provides care or treatment shall obtain a separate license. The license is non-transferable and is only valid for the facility to which it is originally issued and for the owner or operator to whom it is issued. It shall not be sold, reassigned or transferred. (2) The maximum capacity specified on the license shall not be exceeded. (3) If the facility is closed and the residents are removed from the facility, the license shall be returned to the licensing authority. Written notification shall be issued to all residents or the residents' surrogate decision maker and the licensing authority at least thirty (30) calendar days prior to the closure. 	A 008		

Division of Health Improvement

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A 008	<p>Continued From page 4</p> <p>F. Temporary license.</p> <p>(1) A temporary license may be issued to a new facility before residents are admitted provided that the facility has met all of the life safety code requirements as stated in this rule and policies and procedures for the facility have been reviewed and approved.</p> <p>(2) Upon receipt of a temporary license, the facility may begin to admit up to three (3) residents.</p> <p>(3) After the facility has admitted up to three (3) residents, the facility operator or owner shall request an initial health survey from the licensing authority.</p> <p>(4) Following a determination of compliance with this rule by the licensing authority, an annual license will be issued. The renewal date of the annual license is based on the initial date of the first temporary license.</p> <p>(5) The licensing authority has the right to determine compliance or noncompliance.</p> <p>(6) A temporary license shall cover a period of time, not to exceed one hundred twenty (120) calendar days.</p> <p>(7) No more than two (2) consecutive temporary licenses shall be issued. If a second temporary license is issued, an additional non-refundable fee is required. If all requirements are not met within the two hundred forty (240) day time frame, the applicant shall repeat the application process.</p> <p>G. Annual license. An annual license is issued for one (1) year for a facility that has met all the requirements of this rule.</p> <p>H. Display of license. The facility shall display the license in a conspicuous public place that is visible to residents, staff and visitors.</p> <p>I. Unlicensed facilities. Any person or entity that opens or maintains an assisted living facility without a license is subject to the imposition of</p>	A 008		

Division of Health Improvement

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A 008	<p>Continued From page 5</p> <p>civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within ten (10) days of notice by the licensing authority may result in the following penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC.</p> <p>(1) A civil monetary penalty not to exceed five-thousand dollars (\$5,000) per day.</p> <p>(2) A base civil monetary penalty, plus a per-day civil monetary penalty, plus the doubling of penalties as applicable, that continues until the facility is in compliance with the licensing requirements in this rule.</p> <p>(3) A cease and desist order to discontinue operation of a facility that is operating without a license.</p> <p>(4) Additional criminal penalties may apply and shall be imposed as necessary.</p> <p>[7.8.2.8 NMAC - Rp, 7.8.2.8 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.8 H</p> <p>Based on observation and interview, the facility failed to ensure that the facility's license was displayed in a conspicuous place where visitors, staff and all 47 (R #s 1 -47) residents as identified by the resident census list provided by the Administrator on 08/02/16, currently residing in the facility can see it. If the facility license is not displayed in the facility, residents, visitors, and staff will not know if the facility has and is maintaining a current license as an Assisted Living Facility. The findings are:</p> <p>A. On 08/02/16 at 9:15 am, during observation the facility's license was not posted in the facility.</p>	A 008		

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A 008	Continued From page 6 B. On 08/05/16 at 1:45 pm, during an interview with the Administrator she confirmed that the facility license was not posted.	A 008		
A 016	7 NMAC 8.2.16 Staff Qualifications 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 administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (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. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 7</p> <p>training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</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:</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 8</p> <p>7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.</p> <p>(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.</p> <p>(2) A signed authorization for release of information form.</p> <p>(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink.</p> <p>(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department.</p> <p>...</p> <p>E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions.</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 9</p> <p>The department and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico department of health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant , caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 10</p> <p>applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p> <p>Based on record review and interview, the facility failed to ensure that 2 (DCS #s 1 & 2) of 5 (DCS #s 1-5) Direct Care Staff reviewed for Caregiver Criminal History Screening Program (CCHSP) and the Employee Abuse Registry compliance met the requirements. This deficient practice has the potential for all 47 (R #s 1 through 47) residents as identified by the resident census list provided by the Administrator on 08/02/16, to be at risk by allowing a person who has been convicted of a felony to have access to all residents. The findings are:</p> <p>A. Record review of DCS #2 's staff records revealed a date of hire as 04/06/16 and EARS was submitted on 08/02/16, nearly 4 months past hire date. There was no CCHSP letter or fingerprinting documentation in his file.</p> <p>B. Record review of DCS #1's date of hire was 02/24/16 and EARS documentation was missing</p>	A 016		

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A 016	Continued From page 11 from the file. C. On 08/05/16 at 10:15 am, during interview, the Office Manager, confirmed that DCS #1 was missing EARS and DCS #2 was missing CCHSP from their file and the EARS were submitted late.	A 016		
A 020	7 NMAC 8.2.20 Admissions and Discharge 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. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of 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	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 12</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(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;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes 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</p>	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 020	<p>Continued From page 13</p> <p>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 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> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (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 	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016	
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A 020	Continued From page 14 and the approval shall be maintained in the resident's record and shall: (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; (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 (FSSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. 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]	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 020	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (12)</p> <p>Based on record review and interview, the facility failed to ensure, for 5 (R #s 1-5) of 5 (R #s 1-5) residents reviewed for record accuracy, that:</p> <ol style="list-style-type: none"> 1. The Admission/Discharge Agreement includes accurate and complete information as to when and with/without notice the agreement can be terminated and/or a resident can be discharged. 2. That the Admission/Discharge Agreements clearly states that residents have the right to use the pharmacy of their choosing without any facility imposed conditions or additional charges (\$100.00-\$275.00 per month). <p>This deficient practice has the potential for residents to be at risk of:</p> <ol style="list-style-type: none"> 1. Being misinformed regarding when a facility can/cannot terminate the Admission/Discharge Agreement with or without notice. 2. Not being able to exercise their right to use the pharmacy of their choice, incurring additional cost and/or having to move out of the facility. The findings are: <p>Findings related to termination of an Admission/Discharge Agreement:</p> <p>A. Record review of R #1's Admission/Discharge Agreement dated [REDACTED]/11 does not indicate that the facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>B. Record review of R #2's Admission/Discharge</p> 	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 020	<p>Continued From page 16</p> <p>Agreement dated [REDACTED]/09 does not indicate that the facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>C. Record review of R #3's Admission/Discharge Agreement dated [REDACTED]/13 does not indicate that a facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>D. Record review of R #4's Admission/Discharge Agreement dated [REDACTED]/98 does not indicate that the facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>E. Record review of R #5's Admission/Discharge Agreement dated [REDACTED]/11 does not indicate that the facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>F. On 08/05/16 at 2:30 pm, during interview with the Administrator, she confirmed that the Admission/Discharge Agreements for R #s 1-5 do not state that the facility can terminate the agreement "if" appropriate placement has been found.</p> <p>Findings related to Pharmacy Agreements:</p> <p>G. Record review of R #1's Pharmacy Service Agreement (Exhibit C) not dated but signed, states that should the resident choose not to use the preferred pharmacy provider then:</p> <ol style="list-style-type: none"> 1. The resident/pharmacy is responsible for ensuring that medications are packaged to meet the facility's medication management standards. 2. The resident is responsible for ordering, reordering, and picking up the medications. 3. The resident may incur additional monthly fees of \$100.00 or \$275.00 as set forth in the Admission/Discharge Agreement Exhibit X. 	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 020	<p>Continued From page 17</p> <p>H. Record review of R #2's Pharmacy Service Agreement (Exhibit C) dated 12/22/09 revealed that should the resident choose not to use the preferred pharmacy provider then:</p> <ol style="list-style-type: none"> 1. The resident/pharmacy is responsible for ensuring that medications are packaged to meet the facility's medication management standards. 2. The resident may incur additional monthly fees of \$100.00 or \$275.00 as set forth in the Admission/Discharge Agreement Exhibit X. 3. If the resident is not able or willing to provide the facility's required type of packaging system, does not have an exemption, then the resident will need to find alternative housing. <p>I. Record review of R #3's Pharmacy Service Agreement (Exhibit C) that was not dated or signed (but included in packet) revealed that should the resident</p> <ol style="list-style-type: none"> 1. The resident/pharmacy is responsible for ensuring that medications are packaged to meet the facility's medication management standards. 2. The resident may incur additional monthly fees of \$100.00 or \$275.00 as set forth in the Admission/Discharge Agreement Exhibit X. 3. If the resident is not able or willing to provide the facility's required type of packaging system, does not have an exemption, the the resident will need to find alternative housing. <p>J. Record review of R #5's Pharmacy Service Agreement (Exhibit C) that was dated 03/17/16 revealed that should the resident choose not to use the preferred pharmacy provider then:</p> <ol style="list-style-type: none"> 1. The resident/pharmacy is responsible for ensuring that medications are packaged to meet the facility's medication management standards. 2. The resident may incur additional monthly fees of \$100.00 or \$275.00 as set forth in the 	A 020		

Division of Health Improvement

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A 020	Continued From page 18 Admission/Discharge Agreement Exhibit X. 3. If the resident is not able or willing to provide the facility's required type of packaging system, does not have an exemption, the the resident will need to find alternative housing. K. On 08/05/16 at 2:30 pm, during interview with the Administrator, she confirmed that the facility's admission agreement does not contain "If an appropriate placement is found and that the facility Pharmacy Service Agreements states: 1. The resident/pharmacy is responsible for ensuring that medications are packaged to meet the facility's medication management standards. 2. The resident is responsible for ordering, reordering, and picking up the medications. 3. The resident may incur additional monthly fees of \$100.00 or \$275.00 as set forth in the Admission/Discharge Agreement Exhibit X. 4. If the resident is not able or willing to provide the facility's required type of packaging system, does not have an exemption, the the resident will need to find alternative housing.	A 020		
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	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 025	<p>Continued From page 19</p> <p>in the resident ' s health status.</p> <p>C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:</p> <ul style="list-style-type: none"> (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 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. <p>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.</p> <p>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</p>	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 025	<p>Continued From page 20</p> <p>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: 7.8.2. 25 A, B, C, E</p> <p>Based on record review and interview, the facility failed to ensure that for 5 (R #s 1-5) of 5 (R #s 1-5) residents reviewed for accuracy of Resident Evaluations were complete and included signatures and dates of the nurse who reviewed the evaluations. This deficient practice has the potential for residents to not receive the appropriate care and assistance they need upon admission and as changes in their health status occurs due to the evaluations not being accurately completed and reviewed as required. The findings are:</p> <p>A. Record review of residents (R) # 1-5's evaluations revealed:</p> <ol style="list-style-type: none"> 1. No current signatures or dates of the person who completed the resident assessment . 2. The evaluations did not address the following abilities, behaviors or status: <ol style="list-style-type: none"> (a) activities of daily living and the level of assistance needed, who will provide the assistance, how will the assistance be provided, when and where the assistance will be provided (b) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, (c) communication and hearing; ability to 	A 025		

Division of Health Improvement

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A 025	Continued From page 21 communicate needs and understand instructions, (d) vision; (e) activity interests; (f) diagnoses; (g) health conditions; (h) nutritional status; (i) oral or dental status; B. On 08/05/16 at 2:30 pm during interview with the facility's licensed practical nurse, she confirmed she completed the evaluations but did not sign or date them. She did not comment on the missing data.	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	A 026		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 026	<p>Continued From page 22</p> <p>provided; (3) who will provide the services; (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: 7.8.2.26 A (3)</p> <p>Based on record review and interview, the facility failed to ensure that the Individual Service Plans (ISP) were current and accurate for 2 (R #s 3 and 4) of 4 (R #s 1-4) residents reviewed for ISP compliance. This deficient practice has the potential for the residents not to receive the appropriate care and assistance they need as changes in their health status occurs. The findings are:</p> <p>A. On 08/12/16, record review of R #3's ISP dated 04/20/16, revealed it was not signed or dated by a license practical nurse, registered nurse or a physician extender.</p>	A 026		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 026	Continued From page 23 B. On 08/12/16, record review of R #4's ISP dated 10/30/15, revealed it has not been reviewed or revised every six months. D. On 08/12/16, during interview with the Administrator, she confirmed that R #3's ISP dated 04/20/16, was not signed or dated by a license practical nurse, registered nurse or a physician extender. R #4's ISP dated 10/30/15, has not been reviewed or revised every six months.	A 026		
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance	A 031		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 031	Continued From page 24 services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.31 D Based on observation and interview, the facility failed to ensure that a list of emergency phone numbers (fire, police, ambulance, and poison control, etc) is near each public phone and accessible to residents/staff/visitors. If the emergency numbers are not posted in a conspicuous place, then all 47 residents (R #s 1-47) as identified on the resident census list provided by the administrator on 08/02/16 would be at risk of a delayed response from emergency services if needed. The findings are: A. On 08/02/16 at 9:45 am, during observation, there was no list of emergency phone numbers observed to be posted near each public phone within the facility and accessible to residents/visitors/staff. B. On 08/05/16 at 9:47 am, during interview with the business manager, she confirmed that there were no emergency phone numbers posted in the facility where residents, staff and visitors could access them in case of an emergency.	A 031		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two	A 034		

Division of Health Improvement

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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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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 034	<p>Continued From page 25</p> <p>(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 purchase medications from any particular pharmacy.</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 034	<p>Continued From page 26</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 accurate and current. All irregularities shall be reported to the administrator of the facility and</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 034	<p>Continued From page 27</p> <p>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: 7.8.2.34 A (7) Reference NFPA 99, 1999 Edition</p> <p>Section 4-3.1.1.2 Storage Requirements (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both)</p> <p>1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin.</p> <p>2. * Enclosures shall be provided for supply systems cylinder storage or manifold locations for</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 034	<p>Continued From page 28</p> <p>oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose.</p> <p>3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation.</p> <p>4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage.</p> <p>5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7].</p> <p>6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat.</p> <p>7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders.</p> <p>8. When cylinder valve protection caps are supplied, they shall be secured tightly in place</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 034	<p>Continued From page 29</p> <p>unless the cylinder is connected for use.</p> <p>9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)].</p> <p>Reference NFPA 99, 1999 Edition Section 8-3.1.11.3 (Signs)</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. Oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation. 2. "Oxygen in Use" signs were posted outside the rooms. <p>If an oxygen cylinder tank were to fall over damaging the valve, causing it to depressurize or if there are not warning signs informing there is "oxygen in use" then all 47 (R #s 1-47) residents identified on the resident census list provided by the Administrator on 08/02/16 are at an increased risk of harm or death if a fire were to occur. The findings are:</p> <p>A. On 08/04/16 at 11:14 am, during observation of Room 238, 2 tall oxygen cylinder tanks (1 secured and 1 unsecured/leaning over) and 5 small oxygen cylinder tanks (unsecured/stacked on their sides) in an unventilated closet with combustible items (clothes, adult briefs, paper products, and other personal belongings). There was no "Oxygen in Use" sign observed posted on the outside of the door.</p> <p>B. On 08/04/16 at 11:15 am, during interview with the Health and Wellness Director (HWD), she confirmed there were 7 oxygen tanks stored in an unventilated storage closet and that there was no "Oxygen in Use" sign posted outside of</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 034	Continued From page 30 the door. C. On 08/04/16 at 11:21 am, during observation of Room 223, 6 tall unsecured oxygen cylinder tanks were observed to be stored in the residents living area and 1 tall unsecured oxygen cylinder tank was observed stored in the unventilated entry closet with combustibles (clothes and personal items). D. On 08/04/16 at 11:23 am, during interview with the HWD, she confirmed there were 7 oxygen tanks stored in the resident's living area and an unventilated entry closet.	A 034		
A 036	7 NMAC 8.2.36 Nutrition 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 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. 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. (1) Meal service. The facility shall: (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;	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	<p>Continued From page 31</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 (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> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	<p>Continued From page 32</p> <p>thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(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</p> <p>(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> <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> <p>(1) Kitchen sanitation.</p> <p>(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.</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</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	<p>Continued From page 33</p> <p>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> <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>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	<p>Continued From page 34</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 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;</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	<p>Continued From page 35</p> <p>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.</p> <p>[7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2. 36 C (5)</p> <p>Based on observation and interview, the facility failed to ensure that the staff wear hairnets/caps when preparing food. This deficient practice have the potential to affect all 47 residents (R #s 1-47) as identified on the resident census list provided by the Administrator on 08/02/16, to be at risk of contracting food bourne illnesses due to being served food that is contaminated by germs and bacteria from unrestrained hair. The findings are:</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 036	Continued From page 36 A. On 08/02/16 at 10:15 am, during observation, food handlers were observed preparing residents food without wearing a hairnet or cap. B. On 08/05/16 at 11:00 am, during observation, food handlers were observed preparing residents food without wearing a hairnet or cap. C. On 08/05/16 at 11:05 am, during interview with the business manager, she confirmed that staff do not wear hairnets when preparing resident meals. D. On 08/05/16 at 2:35 pm, during interview with the Administrator, she confirmed that staff do not wear hairnets when preparing resident meals.	A 036		
A 045	7 NMAC 8.2.45 Water WATER: Pursuant to the current New Mexico drinking water requirements, 7.6.2.9 NMAC. A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices.	A 045		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 045	<p>Continued From page 37</p> <p>D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries.</p> <p>E. The hot water temperature that is accessible to residents shall be maintained at a minimum of ninety-five (95) degrees fahrenheit and a maximum of one hundred ten (110) degrees fahrenheit. Hot water in excess of one hundred ten (110) degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to ensure the hot water temperatures in (resident rooms, public bathroom, and beauty shop) accessible to residents were maintained at a minimum of ninety-five (95) degrees Fahrenheit (F) and a maximum of one hundred ten (110) degrees F.</p> <p>This deficient practice has the potential for residents with physical/cognitive impairments and/or health relegated neuropathy (loss of feeling) to be at high risk of injury from scalding hot water, which a Plan of Removal was requested on 08/04/16 at 4:55 pm. The Administrator was notified at this time.</p> <p>On 08/04/16 at 4:57 pm, a Plan of Removal was accepted based on the following action plan: 1. Boiler Temperatures: The new boiler was turned off and the secondary boiler will be used</p>	A 045		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 045	<p>Continued From page 38</p> <p>until the hot water temperatures in the new boiler have been corrected. A work order has been made to [Name of repair contractor].</p> <p>2. Main Mixing Valve: Facility will order new internal parts and have [name of plumbing company] install new parts in both main mixing valves and adjust temperature to 118 degrees F at the starting point of the distribution loop so the water temperatures at the faucets will be maintained between 95-110 degrees F.</p> <p>3. Second Floor Restroom: Maintenance Director (MD) has shut off the hot water to a trickle to lower the water temperature immediately. A work order to replace the mixing valve under the sink and adjust temperature to no more than 110 degrees (F) has been generated. The necessary parts have been located and will be replaced on 08/05/16.</p> <p>4. Beauty Shop Shampoo Sink: The beauty shop has been closed and locked for the night. A work order to replace the mixing valve under the sink and adjust temperature to no more than 110 degrees (F) has been generated. The necessary parts have been located and will be replaced on 08/05/16.</p> <p>5. Assisted Living (AL) Apartments: MD will inspect all AL-apartments for under the sink mixing valves, order, and install new valves where needed. Water temperatures will be rechecked during the process of correcting the boiler and loop temperatures and adjust them where needed.</p> <p>On 08/04/16 at 5:00 pm, the Plan of Removal was accepted and the administrator was notified at this time.</p> <p>Based on observation, interview and record review, the facility failed to ensure that hot water</p>	A 045		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 045	<p>Continued From page 39</p> <p>temperatures in resident areas were at or below 110 degrees F. This deficient practice has the potential for any of the 47 (R #S 1-47) residents listed on the census, provided by the Administrator on 08/02/16 with physical/cognitive impairments and/or health relegated neuropathy (loss of feeling), to be at risk of injury through scalding events. The findings are:</p> <p>A. On 08/04/16 at 2:05 pm, during observation of room #138, the following hot water temperatures were observed:</p> <ol style="list-style-type: none"> 1. Bathroom sink: 121.1 F 2. Shower: 113.9 F 3. Kitchenette sink: 121.5 F <p>B. On 08/04/16 at 2:07 pm, during interview with the Maintenance Director (MD), he confirmed the hot water temperatures in room #138, were above 110 degrees F.</p> <p>C. On 08/04/16 at 2:15 pm, during observation of resident room #121, the hot water temperature in the kitchenette sink was observed to be 118.8 degrees F.</p> <p>D. On 08/04/16 at 2:17 pm, during interview with the MD, he confirmed that the hot water temperature in the kitchenette sink in resident room #121 was above 110 degrees F.</p> <p>E. On 08/04/16 at 2:20 pm, during observation of resident room #230, the hot water temperature in the kitchenette sink was observed to be 113.9 degrees F.</p> <p>F. On 08/04/16 at 2:22 pm, during interview with the MD, he confirmed that the hot water temperature in the kitchenette sink in resident room #230 was above 110 degrees F.</p>	A 045		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 045	Continued From page 40 G. On 08/04/16 at 2:28 pm, during observation of the 2nd floor public restroom between the elevator and beauty shop the hot water temperature in the sink was observed to be 140.4 degrees F. H. On 08/04/16 at 2:30 pm, during observation of the Beauty Shop, the hot water temperature in the shampoo sink was observed to be 160.2 degrees F. I. On 08/04/16 at 2:35 pm, during interview with the MD, he confirmed that that hot water temperatures in the bathroom and beauty shop sinks were above 110.0 degrees F. He stated that the mixers that control those water temperatures must have failed.	A 045		
A 048	7 NMAC 8.2.48 Electrical System ELECTRICAL SYSTEM: A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances shall be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords shall not be used. The use of a multi-socket unlisted laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) feet in length is permitted for the intended purpose and not as an extension cord. [7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC,	A 048		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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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 048	<p>Continued From page 41</p> <p>01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: NFPA 70 National Electric Code 210.8 Ground Fault Circuit Interrupter Protection for Personnel 210.8 (B) Other than dwelling units. All 125 volt, single phase, 15 and 20 ampere receptacles installed in the locations specified in 210.8 (B)(1) through (8) shall have ground fault circuit interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception 1: to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow melting, de-icing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22 as applicable.</p> <p>Exception 2: to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B) (2) shall be permitted for only those receptacles outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 6 ft. of the outside edge of the sink.</p> <p>Exception 1 to (5): In industrial laboratories,</p>	A 048		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 048	<p>Continued From page 42</p> <p>receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>314.25: Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B)</p> <p>406.5(F): Receptacles shall be enclosed so that live wiring terminals are not exposed to contact.</p> <p>7.8.2.48 C (2) Based on observation and interview, the facility failed to ensure there were Ground Fault Circuit Interrupter (GFCI) outlets within 6 feet of water sources and operable wall outlets throughout the facility. This failed practice has the potential for all 47 (R #s 1-47) residents identified on the resident census list provided by the Administrator on 08/02/16, to be at risk of injury or death due to electric shock. The findings are:</p> <p>A. On 08/02/16 at 9:00 am, during observation of</p>	A 048		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 048	<p>Continued From page 43</p> <p>the 1st floor resident laundry room, 3 washing machines were observed to not be plugged into GFCI outlets.</p> <p>B. On 08/02/16 at 9:45 am, during observation of the 2nd floor resident laundry room it was observed that 3 washers were not plugged into a GFCI outlets.</p> <p>C. On 08/02/16 at 9:50 am, during observation of the 2nd floor activities room, it was observed that the outlet next to sink was not a GFCI outlet.</p> <p>D. On 08/02/16 at 10:14 am, during observation of the 2nd floor main laundry, it was observed that none of the 4 washing machines were plugged into GFCI outlets.</p> <p>E. On 08/05/16 at 2:35 pm, during interview with the Administrator, she confirmed that the washing machine machines [total of 10 machines] on the 1st, 2nd and 3rd floor were not plugged into GFCI outlets and the outlet next to the 2nd floor activities room sink did not have a GFCI outlet.</p>	A 048		
A 060	<p>7 NMAC 8.2.60 Fire Clearance and Inspections</p> <p>FIRE CLEARANCE AND INSPECTIONS:</p> <p>A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal's office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license.</p> <p>B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document</p>	A 060		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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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 060	<p>Continued From page 44</p> <p>the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.60 A</p> <p>Based on record review and interview, the facility failed to ensure that an annual fire inspection by the local Fire Authority (having jurisdiction) had been conducted. This deficient practice has the potential for all 47 residents (R #s 1-47) identified on the resident census list, provided by the Administrator on 08/02/16, to be at risk of injury or death if a fire occurs. The findings are:</p> <p>A. Record review of the last fire inspection by the local Fire Marshal revealed that there hadn't been an inspection since February 18, 2015.</p> <p>B. On 08/05/16 at 2:35 am, during interview with the Administrator she confirmed that the last annual fire inspection was conducted in February 2015.</p>	A 060		
A 068	<p>7 NMAC 8.2.68 Hospice</p> <p>HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p> <p>A. Definitions: in addition to the requirements for</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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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 068	<p>Continued From page 45</p> <p>all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply.</p> <p>(1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC.</p> <p>(2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms.</p> <p>(3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health.</p> <p>(4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.</p> <p>(5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services.</p> <p>(6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure.</p> <p>(7) " Terminally ill " means a diagnosis by a</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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A 068	<p>Continued From page 46</p> <p>physician for a patient with a prognosis of six (6) months or less to live.</p> <p>(8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination.</p> <p>B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services:</p> <p>(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</p> <p>(2) offer an ongoing employee psychological support program for end of life care issues.</p> <p>C. Individual service plan (ISP) requirements.</p> <p>(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.</p> <p>(2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following:</p> <p>(a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC;</p> <p>(b) what services are to be provided;</p> <p>(c) who will provide the services;</p> <p>(d) how the services will be provided;</p> <p>(e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process;</p> <p>(f) documentation (visit notes) of the care and services that are provided with the signature of</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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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 068	<p>Continued From page 47</p> <p>the person who provided the care and services; and</p> <p>(g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them.</p> <p>(3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:</p> <p>(a) a physician;</p> <p>(b) a physician extender (PA or NP);</p> <p>(c) a licensed nurse (RN or LPN);</p> <p>(d) the resident if their PCP has approved it;</p> <p>(e) family or family designee; and</p> <p>(f) any other individual in accordance with applicable state and local laws.</p> <p>D. Care coordination.</p> <p>(1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC.</p> <p>(2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC.</p> <p>(3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation.</p> <p>(a) The facility shall provide individual records for each resident.</p> <p>(b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record.</p> <p>(4) The assisted living facility shall provide the</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 068	<p>Continued From page 48</p> <p>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.</p> <p>(5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC.</p> <p>(6) The assisted living facility shall ensure the coordination of services with the hospice agency.</p> <p>(a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs.</p> <p>(b) The assisted living facility shall receive information and communication from the hospice staff at each visit.</p> <p>(i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.).</p> <p>(ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation.</p> <p>(c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members.</p> <p>(d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator.</p> <p>(i) The process may be informal or formal depending on the nature of the issue.</p> <p>(ii) If an issue can not be resolved or if there is an</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 068	<p>Continued From page 49</p> <p>immediate danger to the resident the appropriate authority shall be notified.</p> <p>E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements:</p> <p>(1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP;</p> <p>(2) private visiting space:</p> <p>(a) physical space for private family visits;</p> <p>(b) accommodations for family members to remain with the patient throughout the night; and</p> <p>(c) accommodations for family privacy after a resident ' s death.</p> <p>F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid.</p> <p>[7.8.2.68 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.68 B (1) ,(2)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (DCS # 3) of 4 (DCS #s 1-4) Direct Care Staff whose record was reviewed for hospice training compliance by:</p> <ol style="list-style-type: none"> DCS did not receive an additional 6 hours of hospice specific training annually. DCS were not offered an ongoing employee psychological support program for end of life care issues. <p>These deficient practices have the potential for</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2066	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 068	<p>Continued From page 50</p> <p>residents receiving hospice services to be at risk of:</p> <ol style="list-style-type: none"> 1. Not receiving the individual end of life care and services needed if they elect to receive hospice benefits from an outside provider, if the staff have not received/completed the additional 6-hours of annual hospice specific training. 2. Harm or injury if residents who require a higher level of care than the facility and staff can provide are admitted or retained placing other residents and staff at risk. The findings are: <ul style="list-style-type: none"> A. Record review of DCS #3's staff training record revealed no documentation that she received any of the required annual 6-hours of hospice specific training from 07/09/15 to 08/05/16. B. Record review of DCS #3's staff training record revealed no documentation that she received a program of ongoing employee psychological support for end of life care issues. C. On 08/016 at 2:30 pm, during interview with administrator, she confirmed that DCS #3 had not received the required hospice training or an employee psychological support program. 	A 068		
A 070	<p>7 NMAC 8.2.70 Incorporated and Related Rules and Codes</p> <p>INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following:</p> <ul style="list-style-type: none"> A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. 	A 070		

Division of Health Improvement

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A 070	<p>Continued From page 51</p> <p>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC.</p> <p>C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC.</p> <p>D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC.</p> <p>E. Employee Abuse Registry 7.1.12 NMAC.</p> <p>F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.</p> <p>(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.</p> <p>(2) A signed authorization for release of information form.</p> <p>(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink.</p> <p>(4) The fee specified by the department for the</p>	A 070		

Division of Health Improvement

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A 070	<p>Continued From page 52</p> <p>nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department.</p> <p>...</p> <p>E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The department and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico department of health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant , caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p>	A 070		

Division of Health Improvement

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A 070	<p>Continued From page 53</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p> <p>7.8.2.B (6)</p> <p>Based on record review and interview, the facility failed to ensure that 2 (DCS #s 1 & 2) of 8 (DCS</p>	A 070		

Division of Health Improvement

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A 070	<p>Continued From page 54</p> <p>#s 1-8) Direct Care Staff reviewed for compliance met the requirements for the Caregiver Criminal History Screening Program (CCHSP) and the Employee Abuse Registry, (EAR's). This deficient practice has the potential for all 47 (R #s 1 through 47) residents as identified by the resident census list provided by the Administrator on 08/02/16, to be at risk by allowing a person who has been convicted of a felony to have access to all residents. The findings are:</p> <p>A. Record review of DCS #2 's staff records revealed a date of hire as 04/06/16 and EARS was submitted on 08/02/16, nearly 4 months after hire date. There was no CCHSP letter or fingerprinting documentation in his file.</p> <p>B. Record review of DCS #1's date of hire was 02/24/16 and EARS documentation was missing from the file.</p> <p>C. On 08/05/16 at 10:15 am, during interview, the Office Manager, confirmed that DCS # 1 was missing EARS and DCS #2 was missing CCHSP from their file.</p>	A 070		