

Division of Health Improvement

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| 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 R-C 05/12/2017 |
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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 The following deficiencies were cited as a result of a Revisit/Follow-up survey for survey dated 08/05/16 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. | {A 000} | | |
| {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} | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| {A 016} | <p>Continued From page 1</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} | | |

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| {A 016} | <p>Continued From page 2</p> <p>7.8.2.16 B (6)</p> <p>This is an uncorrected deficiency from Survey dated 08/05/16</p> <p>Based on record review and interview, the facility failed to conduct the required Caregivers Criminal History Screening Program Requirements for 2 (DCS #s 1 & 2) of 2 (DCS #s 1 & 2) Direct Care Staff sampled for compliance. This deficient practice has the potential for the residents to be at risk of abuse, neglect or exploitation if the DCS do not have a current CCHSP done to ensure they do not have a criminal background. The findings are:</p> <p>A. Record review of DCS #1's employee file revealed a hire date of 01/31/17 and no proof/documentation of a CCHSP application and/or clearance letter in her file.</p> <p>B. Record review of DCS #2's employee file revealed a hire date of 02/02/17 and no proof/documentation of completing a CCHSP application and/or clearance letter in her file.</p> <p>C. On 05/12/17 at 11:30 am, during an interview with the Administrator, she confirmed that there were no CCHSP checks in DCS #1 & 2's employee files.</p> | {A 016} | | |
| {A 020} | <p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s</p> | {A 020} | | |

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| {A 020} | <p>Continued From page 3</p> <p>surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care.</p> <p>A. Admission agreement. The admission agreement shall include the following information:</p> <ol style="list-style-type: none"> (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: <ol style="list-style-type: none"> (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; | {A 020} | | |

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| {A 020} | <p>Continued From page 4</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 limited to the following:</p> <p>(1) ventilator dependency;</p> <p>(2) pressure sores and decubitus ulcers (stage III or IV);</p> <p>(3) intravenous therapy or injections;</p> <p>(4) any condition requiring either physical or chemical restraints;</p> <p>(5) nasogastric tubes;</p> <p>(6) tracheostomy care;</p> <p>(7) residents that present an imminent physical threat or danger to self or others;</p> <p>(8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as</p> | {A 020} | | |

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| {A 020} | <p>Continued From page 5</p> <p>determined by the PCP;</p> <p>(9) residents with a diagnosis that requires isolation techniques;</p> <p>(10) residents that require the use of a Hoyer lift; and</p> <p>(11) ostomy (unless resident is able to provide self care).</p> <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> <p>(1) Convene a team, comprised of:</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident ' s surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the</p> | {A 020} | | |

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| {A 020} | <p>Continued From page 6</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (12)</p> <p>This is an uncorrected deficiency from Survey dated 08/05/16</p> <p>Based on record review and interview, the facility failed to ensure, for 1 (R #1) of 1 (R #1) resident reviewed for record accuracy, that:</p> <p>1. The Admission/Discharge Agreement does not indicate that the facility can terminate the agreement "If" an appropriate placement has</p> | {A 020} | | |

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| {A 020} | <p>Continued From page 7</p> <p>been found.</p> <p>2. 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.</p> <p>3. That the Admission/Discharge Agreements clearly state 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> <p>These deficient practices have the potential for residents to be at risk of:</p> <p>1. Being misinformed regarding when a facility can/cannot terminate the Admission/Discharge Agreement with or without notice.</p> <p>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> <p>Findings related to termination of an Admission/Discharge Agreement:</p> <p>A. Record review of R #1's Admission/Discharge Agreement dated 08/31/16 does not indicate that the facility can terminate the agreement "If" an appropriate placement has been found.</p> <p>B. On 05/12/17 at 11:45 am, during interview with the Administrator, she confirmed that the Admission/Discharge Agreement for R #1 does not state that the facility can terminate the agreement "if" appropriate placement has been found.</p> <p>Findings related to Pharmacy Agreements:</p> | {A 020} | | |

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| {A 020} | <p>Continued From page 8</p> <p>C. Record review of R #1's Pharmacy Service Agreement (Exhibit C) dated 08/31/16, 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). <p>D. On 05/12/17 at 11:45 am, 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:</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). 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} | <p>7 NMAC 8.2.25 Resident Evaluation</p> <p>RESIDENT EVALUATION:</p> <p>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</p> | {A 025} | | |

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| {A 025} | Continued From page 9 the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender | {A 025} | | |

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| {A 025} | <p>Continued From page 10</p> <p>within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2. 25 A, B, C, (3) (4) (9) (10) (13) E</p> <p>This is an uncorrected deficiency from Survey dated 08/05/16.</p> <p>Based on record review and interview, the facility failed to ensure that for 1 (R #1) of 3 (R #s 1-3) residents reviewed for accuracy of Resident Evaluations that they 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 R #1's evaluation 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 | {A 025} | | |

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| {A 025} | Continued From page 11 following abilities or status; (a) communication and hearing; ability to communicate needs and understand instructions, (b) vision; (c) activity interests; (d) diagnoses; (e) oral or dental status; B. On 05/12/17 at 12:45 pm, during interview with the Administrator, she confirmed the evaluations were missing signatures and dates of the individual who filled out the evaluation and it was not reviewed by a nurse for accuracy. | {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} | | |

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| {A 026} | <p>Continued From page 12</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 (2)</p> <p>This is an uncorrected deficiency from Survey dated 08/05/16</p> <p>Based on record review and interview, the facility failed to ensure that the Individual Service Plans (ISPs) were current and accurate for 1 (R # 1) of 3 (R # 1-3) 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. Record review of R #1's ISP dated 03/01/17, revealed it was not signed or dated by a license</p> | {A 026} | | |

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| {A 026} | Continued From page 13 practical nurse, registered nurse or a physician extender. B. Record review of R #1's ISP dated 03/01/17, revealed it did not address the following abilities or status from R #1's evaluation, including: (a) communication and hearing; ability to communicate needs and understand instructions, (b) vision; (c) activity interests; (d) diagnoses; (e) oral or dental status D. On 05/12/17 at 1:15 pm, during interview with the Administrator, she confirmed that R #1's ISP dated 03/01/17, was not signed or dated by a license practical nurse, registered nurse or a physician extender and it did not include R #1's needs or abilities from her evaluation. | {A 026} | | |
| {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 united 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. | {A 048} | | |

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| {A 048} | <p>Continued From page 14</p> <p>[7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency from Survey dated 08/05/16</p> <p>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. (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> | {A 048} | | |

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| {A 048} | <p>Continued From page 15</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, 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 34 residents as identified on the resident</p> | {A 048} | | |

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| {A 048} | Continued From page 16 census list provided by the Administrator on 05/12/17, to be at risk of injury or death due to electric shock. The findings are: A. On 05/12/17 at 10:45 am, during observation of the activities room, it was observed that the outlet next to sink was not a GFCI outlet. B. On 05/12/17 at 10:50 am, during interview with the Administrator, she confirmed that the outlet in the activities room by the sink did not have a GFCI outlet. | {A 048} | | |
| {A 070} | 7 NMAC 8.2.70 Incorporated and Related Rules and Codes 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: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] | {A 070} | | |

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| {A 070} | <p>Continued From page 17</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 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> | {A 070} | | |

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| {A 070} | <p>Continued From page 18</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> <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> | {A 070} | | |

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| {A 070} | <p>Continued From page 19</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>7.8.2.70 D</p> <p>This is an uncorrected deficiency from Survey dated 08/05/16</p> <p>Based on record review and interview, the facility failed to conduct the required Caregivers Criminal History Screening Program Requirements for 2 (DCS #s 1 & 2) of 2 (DCS #s 1 & 2) Direct Care Staff sampled for compliance. This deficient practice has the potential for the residents to be at risk of abuse, neglect or exploitation if the DCS do not have a current CCHSP done to ensure they do not have a criminal background. The findings are:</p> <p>A. Record review of DCS #1's employee file revealed a hire date of 01/31/17 and no proof/documentation of a CCHSP application</p> | {A 070} | | |

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| {A 070} | <p>Continued From page 20</p> <p>and/or clearance letter in her file.</p> <p>B. Record review of DCS #2's employee file revealed a hire date of 02/02/17 and no proof/documentation of completing a CCHSP application and/or clearance letter in her file.</p> <p>C. On 05/12/17 at 11:30 am, during an interview with the Administrator, she confirmed that there were no CCHSP checks in DCS #1 & 2's employee files.</p> | {A 070} | | |