

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2015
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW CHRISTIAN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1905 WEST PIERCE STREET CARLSBAD, NM 88220
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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 000	Initial Comments A complaint investigation for intake NM00029603 and an On-site/Monitoring survey were completed on 03/05/15 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. The Complaint was substantiated with no deficiencies cited as a result of the investigation. A deficiency was cited as a result of the On-site/Monitoring survey.	A 000		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors;	A 017		

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/24/15
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A 017	<p>Continued From page 1</p> <p>(9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17 C. (2)</p> <p>Based on record review and interview the facility failed to ensure that all staff were provided first aid training. This deficient practice could result in all 14 (R #1 through R #14) residents in the facility not receiving immediate first aid when needed. The findings are:</p> <p>A. Record review of staff training for direct care staff #40, #41, and #42 revealed no first aid training.</p> <p>B. On 03/03/15 at 5:35 pm in an interview with the Administrator, the Administrator acknowledged there was no first aid training provided for direct care staff #40, #41, and #42.</p>	A 017		