

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/09/2019
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NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited as a result of a Full-Onsite/Complaint survey completed on 05/09/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.</p> <p>Complaint Intake [REDACTED] was unsubstantiated with no deficiencies cited.</p>	A 000		
A 016	<p>7 NMAC 8.2.16 Staff Qualifications</p> <p>STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.</p> <p>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:</p> <ol style="list-style-type: none"> (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. 	A 016		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Blanca Rosa Kaza
FORM 6892 GB9611 TITLE *E Director* (X6) DATE *7/17/19*
If continuation sheet 1 of 45

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A 016	<p>Continued From page 1</p> <p>B. Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant 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>	A 016		

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A 016	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7)</p> <p>Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to</p>	A 016		

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A 016	<p>Continued From page 3</p> <p>employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty</p>	A 016		

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A 016	<p>Continued From page 4</p> <p>not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</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</p>	A 016		

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A 016	<p>Continued From page 5</p> <p>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> <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>	A 016		

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A 016	<p>Continued From page 6</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>Based on record review and interview the facility failed to ensure for Direct Care Staff (DCS):</p> <ol style="list-style-type: none"> 1. Received clearances from the Employee Abuse Registry (EAR) prior to hire. 2. That the application and fingerprints were submitted within 20 days of date of hire to the Caregiver Criminal History Screening Program (CCHSP). <p>This deficient practice has the potential to affect the safety and welfare of all 20 (R #s 1-20) residents listed on the census provided by the Administrator on 04/29/19 if provided care by DCS with a history of abusing, neglecting, or exploiting residents. The findings are:</p> <p>A. Record review of the DCS #2's file revealed a</p>	A 016	<p>A016</p> <p>The facility will assure staff qualifications are completed accordingly to the specifications indicated by New Mexico Health Department.</p> <p>The facility will immediately adhere to the following New Hire procedure form, that includes the Employee Abuse Registry (EAR) and Caregiver Criminal History Screening Program (CCHSP) proof of documenting dates by this facility.</p> <p>All employees must have EAR and CCHSP proof before date of hire.</p> <p>Director will audit file to assure EAR and CCHSP are complete before date of hire. Assistant Director will document personnel file checklist and the completion of EAR and CCHSP.</p>	<p>On-going</p> <p>5/08/19</p> <p>On-going</p>

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A 016	<p>Continued From page 7</p> <p>hire date of 12/26/18 and authorization for fingerprints submission to CCHSP was 03/05/19.</p> <p>B. Record review of the DCS #5's employee file revealed a hire date of 02/04/19 and inquiry to the EAR submission/clearance received was 02/13/19.</p> <p>C. Record review of the DCS #6's employee file revealed a hire date of 02/20/19 and inquiry to the EAR submission/clearance received was 03/06/19.</p> <p>D. On 05/06/19 at 1:30 pm, during an interview, the Administrator confirmed that:</p> <ol style="list-style-type: none"> 1. DCS #2 did not have fingerprints and authorization sent to CCHSP within 20 days of date of hire. 2. DCS #s 5 and 6 inquiries to the EAR were not submitted/clearances received prior to hire. 	A 016		
A 021	<p>7 NMAC 8.2.21 Resident Records</p> <p>RESIDENT RECORDS:</p> <p>A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include:</p> <ol style="list-style-type: none"> (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; 	A 021		

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A 021	<p>Continued From page 8</p> <p>(3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months;</p> <p>(4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission;</p> <p>(5) personal and demographic information for the resident, to include:</p> <p>(a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary;</p> <p>(b) resident's name;</p> <p>(c) age;</p> <p>(d) recent photograph;</p> <p>(e) marital status;</p> <p>(f) date of birth;</p> <p>(g) sex;</p> <p>(h) address prior to admission;</p> <p>(i) religion (optional);</p> <p>(j) personal physician;</p> <p>(k) dentist;</p> <p>(l) social history;</p> <p>(m) surrogate decision maker or other emergency contact person;</p> <p>(n) language spoken and understood;</p> <p>(o) legal documentation relevant to commitment or guardianship status;</p> <p>(p) current medications list; and</p> <p>(q) required diet;</p> <p>(6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures;</p> <p>(7) entries by direct care staff, appropriate health care professionals and others authorized to care</p>	A 021		

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A 021	<p>Continued From page 9</p> <p>for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP;</p> <p>(8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility;</p> <p>(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule;</p> <p>(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;</p> <p>(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and</p> <p>(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.</p> <p>B. Resident records maintenance.</p> <p>(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information</p>	A 021		

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A 021	<p>Continued From page 10</p> <p>from the resident records.</p> <p>(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.</p> <p>(4) There shall be a policy and procedure in place for record retention in the event of facility closure.</p> <p>(5) Failure to follow facility policies is grounds for sanctions. [7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.21 A (3)</p> <p>Based on record review and interview the facility failed to update the Individual Service Plan (ISP) for 1 (R #3) of 4 (R #s 1-4) residents records reviewed for compliance. This deficient practice has the potential for all 20 (R #s 1-20) residents listed on the census provided by the Administrator on 04/29/19, to be at risk not receiving needed care and services if the ISP is not updated and Direct Care Staff (DCS) do not know what care/services to provide to meet the needs of the resident. The findings are:</p> <p>A. Record review of R #3's resident records revealed that the ISP dated 07/31/18 was not updated until 05/03/19.</p> <p>B. On 05/03/19 at 2:54 pm, during an interview, the Administrator confirmed that R #3's ISP update for R #3 was 4 months overdue.</p>	A 021	<p>The facility will re-implement the procedure mandated by this facility to assure the Individual Service Plan (ISP) is updated every 6 months and upon every change of condition. The facility requires all ISP's be updated every 6 months on month of October and April as a mandatory intervention aside from all changes of condition. The facility Nurse and Social Worker will track dates of completion and documentation to be in compliance with New Mexico Health Dept. regulation and facility procedure.</p> <p>Director will audit ISP completion dates in order to maintain compliance.</p>	<p>6/17/2019</p> <p>On-going.</p> <p>On-going.</p>

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A 035	Continued From page 11	A 035		
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.</p> <p>A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.</p> <p>B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.</p> <p>C. PRN (pro re nada) medication.</p> <p>(1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of</p>	A 035	<p>This facility will follow the Medication Administration in accordance with the New Mexico Health Department. As also established under the procedures that are existing for medication administration in this facility. The facility will ensure that all Medication Administration Records (MAR) are reviewed and audited on a daily basis by the person assigned by the facility to administer medications.</p> <p>On a weekly basis, the Wellness Coordinator will re-audit all MARS and must assure 100 % compliance.</p>	<p>On-going.</p> <p>7/01/19</p> <p>On-going.</p>

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NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012
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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 035	<p>Continued From page 12</p> <p>PRN medications shall be reported to the PCP.</p> <p>D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.</p> <p>E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:</p> <ol style="list-style-type: none"> (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is 	A 035	<p>The facility Nurse sporadically will audit the MAR on a weekly basis to support and assure there are no errors. The staff in charge of medication administration will transcribe all medications that are submitted to this facility through a physician's order.</p>	Nurse.

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A 035	<p>Continued From page 13</p> <p>to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pills, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.</p> <p>K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:</p>	A 035	<p>MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.</p> <p>A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.</p> <p>B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with</p> <p>C. PRN (pro re nada) medication.</p> <p>(1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of</p>	

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A 035	<p>Continued From page 14</p> <p>(1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED), [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35 G (4-5) (17) (19)</p> <p>Based on record review and interview the facility failed to ensure for 3 (R #s 1-3) of 4 (R #s 1-4) residents whose Medication Administration Records (MARs) were reviewed for compliance included:</p> <ol style="list-style-type: none"> documentation of why the doses of medications were missed and the outcome. the diagnosis/reason for the medication. both the brand and generic names of the medication. <p>This deficient practice has the potential for all</p>	A 035	<p>PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:</p> <ol style="list-style-type: none"> the resident's name; any known allergies to medication that the resident has; the name of the resident's PCP or the prescriber of the medication; the diagnosis or reason for the medication; the name of the medication, including the drug product brand name and the generic name; notation if the medication is a schedule II-IV drug; the dosage of the medication; the strength of the medication; the frequency or how often the medication is 	

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residents to be at risk of harm if:

1. Medication doses are missed, and the reason and outcomes are unknown.
2. Direct Care Staff (DCS) do not know the diagnosis/reason for the medication to know if the medication is causing the desired effect.

The findings are:

A. Record review of R #1's March 2019 MAR revealed no documentation of the following for:

1. [REDACTED]
 - a. The reason for or diagnosis.
 - b. Reason for 11 of 13 missed doses and the outcome for 13/13 missed doses.
 - c. Ten (10) of the missed doses were consecutive doses for 5 days in a row.
 - d. Brand name for the medication.
2. [REDACTED]
 - a. Reason for 3 consecutive missed doses on 03/21/19 and 03/22/19.
 - b. There were no outcome notes.
 - c. The brand name for the medication.
3. [REDACTED]
 - a. DCS Initials were circled as not given for 03/22/19.
 - b. There were no notes to explain the reason it was not given.
 - c. The brand name for the medication.
4. [REDACTED]
 - a. DCS Initials were circled as not given for

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to be taken or given;

- (10) the route of delivery for the medication (mouth, eye, ear, other);
- (11) the method of delivery for the medication (pills, drops, IM injection, other);
- (12) the date that the medication was started or discontinued;
- (13) any change in the medication order;
- (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;
- (15) the date and time that the medication is self-administered, administered with assistance or is administered;
- (16) the initials and signature of the person assisting with or administering the medication;
- (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);
- (18) any refused dose of medication;
- (19) any missed dose of medication; and
- (20) any medication error.

H. No medication shall be stopped or started without specific orders from the primary care physician.

I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.

J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.

K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:

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A 035	<p>Continued From page 16</p> <p>03/22/19.</p> <p>b. There were no notes to explain the reason it was not given.</p> <p>B. Record review of the March 2019 MAR for R #2 revealed no documentation of the following for:</p> <p>1. [REDACTED] take 1 capsule by mouth on Monday / Wednesday / Friday Diagnosis: [REDACTED]</p> <p>a. DCS Initials were circled as not given for 03/08/19.</p> <p>b. There were no notes to explain the reason it was not given.</p> <p>2. [REDACTED] take 1 by mouth twice daily Diagnosis: [REDACTED]</p> <p>a. DCS Initials were circled as not given for 03/08/19.</p> <p>b. There were no notes to explain the reason it was not given.</p> <p>C. Record review of the March 2019 MAR for R #3 revealed no documentation for:</p> <p>1. [REDACTED] 2 tablets (650) mg by mouth 3 times a day, Diagnosis: [REDACTED]</p> <p>a. There were 3 missed doses on 03/01/19.</p> <p>b. There were 2 missed doses on 03/21/19.</p> <p>c. There were no notes to explain the reason the 3 of the 5 missed doses were not given.</p> <p>2. [REDACTED] take 1 tablet by mouth daily:</p> <p>a. DCS Initials were circled as not given for 03/21/19 at 5:00 pm.</p> <p>b. DCS Initials were circled as not given for</p>	A 035	<p>(1) the resident's name;</p> <p>(2) the name of the medication;</p> <p>(3) the date that the prescription was issued;</p> <p>(4) the prescribed dosage and the instructions for administration of the medication; and</p> <p>(5) the name and title of the prescriber.</p> <p>L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery.</p> <p>M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record.</p> <p>N. The facility shall develop and follow a written policy for unused, outdated, or recalled</p>	<p>On-going.</p> <p>7/01/19</p>

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A 035	Continued From page 17 03/22/19 and 03/25/19 at 8:00am and 5:00 pm for both days. c. There was no notes to explain the reason the 4 of 5 missed doses were not given. D. On 05/08/19 at 1:40 pm, during an interview, DCS #2 confirmed the March 2019 MAR findings listed above for R #s 1-3.	A 035		
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; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks	A 036		

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A 036	<p>Continued From page 18</p> <p>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 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</p>	A 036		

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A 036	<p>Continued From page 19</p> <p>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 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</p>	A 036		

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A 036	<p>Continued From page 20</p> <p>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> <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</p>	A 036		

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A 036	<p>Continued From page 21</p> <p>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: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (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>	A 036		

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A 036	<p>Continued From page 22</p> <p>(1) Raw milk shall not be used. (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. 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. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT Is not met as evidenced by: Refer to 7.8.2.36 C (5)</p> <p>Based on observation and interview, the facility failed to ensure food handlers wore caps or hair nets while handling and serving residents' plates of food. This deficient practice has the potential for all 20 (R #s 1-20) residents identified on the census provided by the Administrator on 04/29/19 to be at risk of illness if they consume food contaminated by bacteria. The findings are:</p> <p>A. On 05/08/19 at 2:15 pm, during tour of the facility, DCS #6 and the Activities Director were observed serving residents portions of coconut cream pie with no hair net or cap covering their hair.</p>	A 036	<p>The facility will comply with the accordance of the New Mexico Health Dept. with all nutrition regulations to include that all food handlers wear caps or hairnets while handling and serving residents plates of food.</p> <p>The facility will in-service all food handlers on wearing a cap or hairnet while handling the resident's food. All meals and all snacks are included. Regulation will be re-implemented on June 28, 2019 and July 11, 2019.</p> <p>The Kitchen Supervisor and Activity Director will be responsible for maintaining an adequate supply of caps or hairnets and that every food handler is wearing caps and hairnets to avoid contamination.</p>	<p>7/01/19</p> <p>On-going.</p>

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A 036	Continued From page 23 B. On 05/26/19 at 2:15 pm, during an interview, the Activities Director confirmed that she and DCS #6 were not wearing a hair net or cap when serving the residents portions of pie.	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. 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. 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	A 045	The facility will assure the water temperature that is accessible to the residents is maintained at a minimum of 95 degrees Fahrenheit and maximum of 110 degrees Fahrenheit as required by the New Mexico Health Department. The facility will follow the requirement by physically testing the water temperature with a thermometer one time per month and record findings on Monthly Water Temperature Log. The Maintenance person will record and inform the Director of the findings.	

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A 045	<p>Continued From page 24</p> <p>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: Refer to 7.8.2.45 E</p> <p>Based on observation and interview the facility failed to maintain the hot water temperature accessible to residents at a maximum of 110 degrees Fahrenheit. This deficient practice has the potential for all 20 (R #s 1-20) residents identified on the census provided by the Administrator on 04/29/19 to be at risk of being scalded by too hot of a water temperature. The findings are:</p> <p>A. On 05/09/19 at 9:40 am, during a tour of the facility, the hot water temperature in the Northeast handicap shower was observed to be 130 degrees Fahrenheit and in the Northwest handicap shower it was observed to be 135 degrees Fahrenheit.</p> <p>B. On 05/09/19 at 9:40 am, during an interview, DCS #1 confirmed the hot water temperature in the Northeast handicap shower was observed to be 130 degrees Fahrenheit and in the Northwest handicap shower it was observed to be 135 degrees Fahrenheit.</p>	A 045	<p>Any discrepancies will require an immediate intervention to assure compliance. Re-inservice all staff on reporting any concerns in reference to water temperature on July 11, 2019.</p>	July 11, 2019
A 065	<p>7 NMAC 8.2.65 Fire Drills</p> <p>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>A. There shall be at least one (1) documented fire drill per month and at a minimum, one</p>	A 065		

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A 065	<p>Continued From page 25</p> <p>documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.</p> <p>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:</p> <ol style="list-style-type: none"> (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. <p>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.65 A. B. (5) Based on record review and interview the facility failed to:</p> <ol style="list-style-type: none"> 1. ensure at least one fire drill every month, 2. ensure a fire drill during each 8 hour (day, evening, night) each quarter, 3. employ the use of the fire alarm on every fire drill each month, and 4. document the evacuation times in total minutes. <p>This deficient practice has the potential for harm and/or death for all 20 (R #s 1-20) residents identified on the census provided by the administrator on 04/29/19 if:</p> <ol style="list-style-type: none"> 1. staff are out of practice performing fire 	A 065	<p>The facility will re-initiate the Fire Drill regulation as mandated by the New Mexico Health Dept. in order to comply with performing fire drills on a monthly basis and cover one shift per month to assure all shifts are covered in a quarterly basis. Also the alarm must be activated and evacuate facility as necessary.</p> <p>All staff will participate in actual fire drill staff meeting training.</p> <p>On-going and begin proper Fire Drill regulation to be followed immediately.</p>	<p>July 11, 2019</p> <p>On-going.</p>

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A 065	<p>Continued From page 26</p> <p>drills from not doing them monthly;</p> <p>2. residents and staff are not accustomed to having drills at all times of the day, evening, and night.</p> <p>3. residents and staff are not prepared to respond appropriately, or the alarm fails from lack of use if the fire alarm is not used in all of the fire drills monthly.</p> <p>4. staff to not realize that the evacuation time is too lengthy for an efficient and safe evacuation.</p> <p>The findings are:</p> <p>A. Review of the fire drills from May 2018 through April 2019 revealed:</p> <p>1. There were no drills in September 2018, November 2018, December 2018, or February 2019.</p> <p>2. There were no fire drills done at night from November 2018 through Feb,2019 (4 months).</p> <p>3. The fire alarm was not used on 06/28/18, 10/01/18, 11/29/18, 12/13/18, or 03/31/19.</p> <p>4. No alarm was sounded for the months of June, October, November, and December 2018.</p> <p>B. On 05/02/19 at 8:30 am, during an interview, the Head of Maintenance confirmed the above findings.</p>	A 065		
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 all assisted living facilities pursuant to "</p>	A 068		

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A 068	<p>Continued From page 27</p> <p>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 physician for a patient with a prognosis of six (6)</p>	A 068		

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A 068	<p>Continued From page 28</p> <p>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 the person who provided the care and services;</p>	A 068		

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A 068	<p>Continued From page 29</p> <p>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 resident and family or surrogate decision maker</p>	A 068		

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A 068	<p>Continued From page 30</p> <p>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 immediate danger to the resident the appropriate</p>	A 068		

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A 068	<p>Continued From page 31</p> <p>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. [7.8.2.68 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.68 B. (1) D. (3) (b)</p> <p>Based on record review and interview the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. Direct Care Staff (DCS) received six hours of annual palliative/hospice care training with 1 hour specific to the hospice resident's Individual Service Plan (ISP),. 2. Visit notes from the hospice agency personnel were available for review. <p>This deficient practice could lead to harm and/or death for the 3 residents identified as receiving hospice services on the census provided by the</p>	A 068	<p>The facility will abide by the rules and regulations that govern Hospice care while a resident is under these services. All direct care staff will receive 12 hours of Hospice training per year to include ISP's that provide the direction of care. All personnel records will be audited by the Social Worker to ensure the entire 12 hours of training are met.</p>	<p>July 31, 2019</p> <p>On-going.</p>

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A 068	<p>Continued From page 32</p> <p>administrator on 04/29/19 if:</p> <ol style="list-style-type: none"> DCS do not have the appropriate training for the care of hospice residents; There are no visit notes from the hospice agency so that staff know which services are provided during visits. <p>The findings are:</p> <p>A. Record review of DCS # 3 records revealed she received only 2 hours of palliative/hospice care training in the last year.</p> <p>B. On 05/07/19 at 10:15 am during interview, the Administrator confirmed the hospice training records reflected DCS #3 received only 2 hours of palliative/hospice care training.</p> <p>C. Record review of R #2's resident records revealed no visit notes from the hospice agency's staff that provided services to the resident.</p> <p>D. On 04/03/19 at 2:00 am, during an interview, the Administrator confirmed there were no visit notes from the hospice agency staff available for review in R #2's records.</p>	A 068	<p>In-service all staff on Hospice requirements that are needed by July 31, 2019. Staff Meeting will be held on July 11, 2019 to reaffirm training.</p> <p>Hospice Staff is responsible for providing this facility the documentation of each visit to include notes of visit.</p> <p>The Nurse of this facility must assure all documentation is provided on a timely manner and placed in the Hospice documentation binder.</p>	July 31, 2019
A 069	<p>7 NMAC 8.2.69 Memory Care Units</p> <p>MEMORY CARE UNITS: An assisted living facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p> <p>A. Additional definitions: The following definitions, in addition to those in 7.8.2.7 NMAC, shall apply.</p> <p>(1) " Alzheimer ' s " means a brain disorder that destroys brain cells, causing problems with</p>	A 069		On-going.

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NAME OF PROVIDER OR SUPPLIER NURSING HOMES OF DEL REY	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012
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A 089	<p>Continued From page 33</p> <p>memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social life. Alzheimer ' s gets progressively worse and is fatal.</p> <p>(2) " Care coordination agreement requirement " means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services.</p> <p>(3) " Dementia " means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain.</p> <p>(4) " Memory care unit " means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer ' s disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.</p> <p>(5) " Secured environment " means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.</p> <p>B. Care coordination requirement. An assisted living facility that accepts residents with memory issues shall determine which additional services and care requirements are relevant to the resident and disease process.</p> <p>(1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services.</p> <p>(2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider.</p> <p>C. Employee training. In addition to the training</p>	A 089	<p>All Hospice providers who serve our facility will be notified of this requirement by July 31, 2019. Facility Nurse will be responsible for notifying Hospice providers by July 31, 2019.</p>	<p>On-going. 7/01/19</p>

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NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012
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A 069	<p>Continued From page 34</p> <p>requirements for all assisted living facilities, pursuant to 7.8.2.17 NMAC, all employees assisting in providing care for memory unit residents shall have a minimum of twelve (12) hours of training per year related to dementia, Alzheimer ' s disease, or other pertinent information.</p> <p>D. Individual service plan (ISP). An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident ' s primary care practitioner, in compliance with the requirements outlined in " Individual Service Plan, " 7.8.2.26 NMAC, pursuant to a team meeting as described in " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC, and which ensures the following criteria:</p> <p>(1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident ' s needs;</p> <p>(2) 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>E. Assessments and reevaluations.</p> <p>(1) An assessment shall be completed by a registered nurse or a physician extender within fifteen (15) days prior to admission. When emergency placement is warranted the fifteen</p>	A 069		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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A 069	<p>Continued From page 35</p> <p>(15) day assessment shall be waived and the assessment shall be completed within five (5) days after admission.</p> <p>(a) The resident shall have a medical evaluation and documentation by a physician, physician's assistant or a nurse practitioner within six (6) months of admission.</p> <p>(b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit.</p> <p>(c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted.</p> <p>(2) A re-evaluation must be completed every six (6) months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the resident ' s stay in the assisted living facility memory care unit is still appropriate.</p> <p>F. Documentation in the resident ' s record. In addition to the required documentation pursuant to 7.8.2.21 NMAC, the following information shall be documented in the resident ' s record:</p> <p>(1) the physician ' s diagnosis for admission to a secure environment or a memory care unit;</p> <p>(2) the pre-admission assessment; and</p> <p>(3) the re-evaluation(s).</p> <p>G. Secured environment.</p> <p>(1) Memory care unit residents may require a</p>	A 069		

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NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY	STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012
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A 069	<p>Continued From page 36</p> <p>secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to the public way. These include but are not limited to:</p> <p>(a) double alarm systems;</p> <p>(b) gates connected to the fire alarm; and</p> <p>(c) tab alarms for residents at risk for elopement.</p> <p>(2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents.</p> <p>(a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents.</p> <p>(b) Residents shall be able to independently access the outdoor areas.</p> <p>(3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times.</p> <p>H. Resident rights. In addition to the requirements pursuant to 7.8.2.32 NMAC, the following shall apply:</p> <p>(1) the resident's rights may be limited as required by their condition and as identified in the ISP;</p> <p>(2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact the resident ' s legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact.</p> <p>I. Disclosure to residents. A facility that operates a secured environment shall disclose to the resident and the resident ' s legal representative, if applicable and prior to the resident ' s admission to the facility, that the facility operates</p>	A 069		

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A 069	<p>Continued From page 37</p> <p>a secured environment. (1) The disclosure shall include information about the types of resident diagnosis or behaviors that the facility provides services for and for which the staff are trained to provide care for. (2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide. J. Staffing. The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one (1) trained staff member awake and in attendance in the secured environment at all times. [7.8.2.69 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.69 E (1)</p> <p>Based on record review and interview the facility failed to have a Registered Nurse (RN) or Physician's Extender complete the initial assessments for 4 (R #s 1-4) of 4 (R #s 1-4) Memory Care resident records reviewed for compliance. This deficient practice has the potential for harm if residents are being admitted without having the appropriate licensed medical professional complete the initial assessments for the residents.</p> <p>The findings are:</p> <p>A. Record review of the initial assessments for R #s 1-4 revealed they were not signed as completed by a registered nurse or physician's extender.</p>	A 069	<p>The facility will enforce an initial assessment that must be signed by a Physician or Registered Nurse.</p>	<p>On-going.</p>

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A 069	Continued From page 38	A 069		
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> <p>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC.</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.</p> <p>[7.8.2.70 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.70 D. E.</p> <p>Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER</p>	A 070	<p>During the initial process of a new resident admission, the facility will provide the admitting physician with the Initial Assessment Form for review and signature of the document. New process was initiated in May of 2019.</p>	<p>Facility Nurse.</p>

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A 070	<p>Continued From page 39</p> <p>INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the</p>	A 070		

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A 070	<p>Continued From page 40</p> <p>employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</p> <p>7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal</p>	A 070		

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A 070	<p>Continued From page 41</p> <p>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. 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</p>	A 070		

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A 070	<p>Continued From page 42</p> <p>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 applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented</p>	A 070		

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A 070	<p>Continued From page 43</p> <p>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 for Direct Care Staff (DCS):</p> <ol style="list-style-type: none"> 1. Received clearances from the Employee Abuse Registry (EAR) prior to hire. 2. That the application and fingerprints were submitted within 20 days of date of hire to the Caregiver Criminal History Screening Program (CCHSP). <p>This deficient practice has the potential to affect the safety and welfare of all 20 (R #'s 1-20) residents listed on the census provided by the Administrator on 04/29/19 if provided care by DCS with a history of abusing, neglecting, or exploiting residents. The findings are:</p> <p>A. Record review of the DCS #2's file revealed a hire date of 12/26/18 and authorization for fingerprints submission to CCHSP was 03/05/19.</p> <p>B. Record review of the DCS #5's employee file revealed a hire date of 02/04/19 and inquiry to the EAR submission/clearance received was 02/13/19.</p> <p>C. Record review of the DCS #6's employee file revealed a hire date of 02/20/19 and inquiry to the</p>	A 070	<p>The facility will assure staff qualifications are completed accordingly to the specifications indicated by New Mexico Health Department.</p> <p>The facility will immediately adhere to the following New Hire procedure form, that includes the Employee Abuse Registry (EAR) and Caregiver Criminal History Screening Program (CCHSP) proof of documenting dates by this facility.</p> <p>All employees must have EAR and CCHSP proof before date of hire.</p> <p>Director will audit file to assure EAR and CCHSP are complete before date of hire. Assistant Director will document personnel file checklist and the completion of EAR and CCHSP.</p>	<p>7/01/19</p> <p>On-going</p>

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3731 DEL REY BLVD
LAS CRUCES, NM 88012

(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 070	<p>Continued From page 44</p> <p>EAR submission/clearance received was 03/06/19.</p> <p>D. On 05/06/19 at 1:30 pm, during an interview, the Administrator confirmed that:</p> <ol style="list-style-type: none"> 1. DCS #2 did not have fingerprints and authorization sent to CCHSP within 20 days of date of hire. 2. DCS #s 5 and 6 inquiries to the EAR were not submitted/clearances received prior to hire. 	A 070		