

Division of Health Improvement

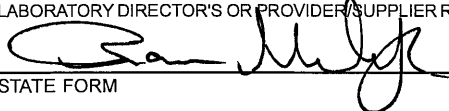
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/23/2022
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NAME OF PROVIDER OR SUPPLIER WOODMARK AT UPTOWN (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 7201 PROSPECT PLACE NE ALBUQUERQUE, NM 87110
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{A 000}	Initial Comments The following deficiencies were cited during an offsite Revisit/Follow-up survey completed on 11/23/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults..	{A 000}	The following plan of correction is being submitted by The Woodmark at Uptown, as mandated by the New Mexico Department of Health. However, this response is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies.	
{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	{A 016}	Rather, it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. A 016 - 7.8.2.16 Staff Qualifications 1. an audit of all current employee files was completed on 1/4/2023 by BOM to ensure EAR, Employee Abuse Report is available in each employee file 2. An audit of current care staff files was completed by 1/4/2023 by BOM to ensure CCHSP, Caregivers Criminal History is available in each employee file. 3. New hires will not be allowed to work in community until EAR has been received and within (20) twenty days a CCHSP report should have been received and cleared for new employee.	1/4/2023

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

1/4/2022

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{A 016}	Continued From page 1 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 training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (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; (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: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (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 (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]	{A 016}	A monthly audit of at least 10% of employee files will be completed by the Business Office Manager to monitor the process is completed Any discrepancies identified in audit will be reported to the Executive Director Audit results will be reviewed at least quarterly in the community quality assurance meetings	

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{A 016}	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency for survey dated 12/09/21 06/23/22 and 08/04/22</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</p>	{A 016}		

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{A 016}	<p>Continued From page 3</p> <p>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 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</p>	{A 016}		
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{A 016}	<p>Continued From page 4</p> <p>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>7.8.2.16. B (3)</p> <p>Based on record review and interview, the facility failed to ensure that the Direct Care Staff, (DCS) received clearances from the Employee Abuse Registry (EAR) prior to hire.</p> <p>This deficient practice could likely negatively affect the safety and welfare of the 104 (R #s 1-104) residents identified on the census provided by the Executive Director on 11/21/22, if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents.</p> <p>A. Record review of DCS #1's EAR clearance (date of hire 09/23/22), revealed that the EAR clearance was not completed/received until 11/21/22.</p> <p>B. Record review of DCS #3 EAR clearance (date of hire 10/12/22), revealed that the EAR clearance was not completed/received until 11/21/22</p>	{A 016}		

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{A 016}	Continued From page 5 D. On 11/22/22 at 12:40 pm, during an interview with the Business Office Manager, she confirmed that DCS #s 1 & 3's EAR clearances were not completed/received prior to hire.	{A 016}		

