

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A34	<p>7 NMAC 8.2.34 Resident Rights</p> <p>7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents.</p> <p>A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding.</p> <p>B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority:</p> <ol style="list-style-type: none"> <li>(1) the resident's spouse;</li> <li>(2) any of the resident's adult children;</li> <li>(3) either of the resident's parents;</li> <li>(4) any relative the resident has lived with for six or more months before admission;</li> <li>(5) a person who has been caring for, or paying benefits on behalf of the resident;</li> <li>(6) a placing agency; or</li> <li>(7) any other person, e.g., Ombudsman.</li> </ol> <p>C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility:</p> <p>D. The facility, to protect resident rights must:</p> <ol style="list-style-type: none"> <li>(1) Treat all residents with courtesy, respect, dignity and compassion.</li> <li>(2) To the extent that resident required services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality.</li> <li>(3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any</li> </ol>	A34		

Division of Health Improvement  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A34	<p>Continued From page 1</p> <p>changes.</p> <p>(4) Assure that residents have a safe and sanitary living environment.</p> <p>(5) Provide humane care.</p> <p>(6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records.</p> <p>(7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room.</p> <p>(8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family, friends, lawyers, ombudsmen and community organizations.</p> <p>(9) Prohibit the use of any and all physical and chemical restraints.</p> <p>(10) Assure the residents are free from physical and emotional abuse and neglect.</p> <p>(11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management.</p> <p>(12) Consistent with the resident's health, abilities and security, assure the right of the resident to freely participate in religious, social, community and other activities; and freely associate with persons in and out of the facility.</p> <p>(13) Permit the residents to leave the facility freely and return without unreasonable restriction.</p> <p>(14) Prevent unjustified room transfers or discharge from this facility.</p> <p>(15) Use care and management practices</p>	A34		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A34	<p>Continued From page 2</p> <p>that foster social interaction and avoid practices that unnecessarily result in social isolation.</p> <p>(16) Provide services consistent with informed consent.</p> <p>(17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation.</p> <p>(18) Promptly address and resolve resident complaints.</p> <p>(19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment.</p> <p>(20) Respect a resident's choice of doctor, pharmacist and other health care provider.</p> <p>(21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care.</p> <p>(22) Respect a resident's right to keep and use personal possessions without loss or damage.</p> <p>(23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds.</p> <p>(24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management.</p> <p>(25) Require no resident to work for the facility.</p> <p>(26) Consult with the incapacitated resident regarding his/her care, regardless of the</p>	A34		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A34	<p>Continued From page 3</p> <p>involvement of a guardian or surrogate decision maker.</p> <p>(27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care.</p> <p>E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to NMAC7.8.2.34(D)(9) - All facilities must protect and enhance rights of all residents, to include prohibition of physical restraints</p> <p>Based on observation and interview, the facility failed to ensure that all residents were free of physical restraints (Resident's #1) who is a resident in the Memory Care Unit. The findings are:</p> <p>A. On 4/8/2010 during a tour of the Alzheimer's unit, it was noted that bed for Resident #1 was fitted with full bed rails.</p> <p>B. On 4/8/2010 during interview with memory care staff, the findings were acknowledged.</p>	A34		
A38	<p>7 NMAC 8.2.38 Food Management</p> <p>7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable.</p> <p>A. Each facility shall ensure a minimum of a</p>	A38		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A38	<p>Continued From page 4</p> <p>three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents.</p> <p>B. All milk, to include dry milk products, shall be Grade A pasteurized.</p> <p>C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above.</p> <p>D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below.</p> <p>E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days.</p> <p>F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication.</p> <p>G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions.</p> <p>H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept</p>	A38		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A38	<p>Continued From page 5</p> <p>covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2 - Food Management - Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations</p> <p>TITLE 7 HEALTH CHAPTER 6 FOOD HANDLING PART 2 FOOD SERVICE AND FOOD PROCESSING 7.6.2.9 FOOD PROTECTION REQUIREMENTS: B. Food Establishment Time And Temperature Requirements: (1) Refrigeration facilities, cooking facilities, hot food storage and display facilities, and effectively insulated facilities shall be provided as needed to assure maintenance of required temperatures during storage, preparation, display, transportation, and service. (2) All perishable food shall be stored at such temperatures as will protect against spoilage. (3) All potentially hazardous food shall, other than fresh live shellstock except during necessary periods of preparation, cooking or cooling, be kept at 41 degrees F or below, or at 140 degrees F or above. (4) Frozen food shall be kept at such temperature as to remain in the frozen state except when being thawed for preparation or use. Potentially hazardous food, shall be: (a) thawed at refrigerator temperatures of 41 degrees F or below or under cool, potable</p>	A38		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A38	<p>Continued From page 6</p> <p>running water; (b) quick thawed as part of the cooking process; or (c) thawed in a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous process or when the entire cooking process takes place in a microwave oven.</p> <p>Based on observation and interview, the facility failed to ensure that perishable frozen meats were kept at temperature per regulations. The findings are:</p> <p>A. On 4/8/2010 at 1:00 - 1:10 PM during tour of the main kitchen, the following was observed: 3 large packages of ground beef encased in the packaging resting in a compartment of one of the kitchen sinks. This ground beef was not seen to be under cool, potable running water nor being cooked or cooled at the time of the observation. Similarly, seven roasts encased in plastic packaging were seen on a tray in the open kitchen next to the sink area. These roasts were not seen to be under cool, potable running water nor being cooked or cooled at the time of the observation. No kitchen staff was observed to be working with these meats at all during the entire length of the observation.</p> <p>B. On 4/8/2010, the Culinary Director acknowledged the finding during the exit conference.</p> <p>Please also refer to NMAC 7.6.2.9(H)(3) - Food Protection Requirements</p> <p>H. Cleanliness Of Employees: (3) Effective hair restraints shall be used by employees who process, prepare or serve food to keep exposed hair from food or food-contact surfaces.</p>	A38		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A38	<p>Continued From page 7</p> <p><b>TITLE 7 HEALTH CHAPTER 6 FOOD HANDLING PART 2 FOOD SERVICE AND FOOD PROCESSING 7.6.2.9 FOOD PROTECTION REQUIREMENTS: H. Cleanliness Of Employees: (3) Effective hair restraints shall be used by employees who process, prepare or serve food to keep exposed hair from food or food-contact surfaces.</b></p> <p>Based on observation and staff interview, the facility's practice failed to protect food in a clean and sanitary manner, in accordance with NM 7.6.2.9 section H. The deficient practice had the potential to affect all staff, residents and visitors in the facility.</p> <p>. Findings are: A. On 4/8/2010 at 1:10 PM during a tour of the main kitchen facility, the Surveyor observed the following: an individual appearing to take inventory of the kitchen freezer, refrigerator, pantry area was walking through these areas and was seen in the main food preparation area of the kitchen with long loose hair which was not restrained by any means.</p> <p>B. On 4/8/2010, the Culinary Director acknowledged the finding during the exit conference.</p> <p>Refer to 7.8.2 (E) - Food Management - Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times.</p> <p>Based on observation and interview, the facility failed to ensure the general visual cleanliness of the kitchen area. The findings are: A. On 4/7/2010 at 4:10 PM during tour of the second floor kitchenette area the following items</p>	A38		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
---	--

(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
A38	<p>Continued From page 8</p> <p>were noted:</p> <ul style="list-style-type: none"> <li>-General encrustation of the interior of the ice maker machine with what appeared to be calcification and/or other general kitchen buildup which was yellowish and appeared to be sticky in nature.</li> <li>-General encrustation of the grated air outlet diffused directly above the tea brewing machine which was observed to be uncovered at the time of the observation.</li> <li>-On 4/8/2010 during a tour of the Memory Care Unit, General encrustation of the interior of the ice maker machine with what appeared to be calcification and/or other general kitchen buildup which was slimy and appeared to be sticky in nature.</li> </ul> <p>B. On 4/7/2010 during a conference with the Administrator, she acknowledged these findings.</p>	A38		