

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2015
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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiency was cited during a complaint survey completed on 01/12/15 for the New Mexico requirements for Assisted Living for Adults, 7.8.2 NMAC. Complaint NM # 29591 was unsubstantiated.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.33 NMAC,	A 032	Enclosed is the plan of correction for the survey conducted at Kingston Residence of Santa Fe ending on 1/12/15. Submission of this response and plan of correction is not a legal admission that a deficiency exists, or that this statement of deficiency was correctly cited, and is not to be construed as an admission of interest against the facility, the executive director, the employees, agents or other individuals who draft or may be discussed in the response to this plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This plan of correction serves as an allegation of compliance.	

*Scanned
05-01-15
J.D.*

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Pamela C Plaza
STATE FORM

TITLE
Executive Director
47.911

(X6) DATE
4/29/15
If continuation sheet 1 of 2

Division of Health Improvement

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A 032	Continued From page 1 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report an incident of potential exploitation against Resident #1 within 24 hours of being notified of the incidents. Failure to report incidents of exploitation in a timely manner could increase the possibility that all 57 residents in the facility could also be subjected to exploitation. The findings are: A. On 01/09/14 at 11:20 am, during interview, the complainant (daughter of R #1) stated, "I discovered that \$500 was missing from my dad's wallet. I give him \$150/month from his retirement check. I know there was \$400-\$500 in his wallet. I let the Executive Director know that the money was missing. I had looked everywhere. I did not level accusations against anyone. I expected a little help from the facility, but I got a big blowoff. Nothing was said about the money." B. Record review revealed no notification to the Health Facility Licensing and Certification Bureau concerning potential misappropriation of the residents' funds.. C. On 01/12/15 at 11:45 am, during interview, the Executive Director stated that the incident had not been reported to the Health Facility Licensing and Certification Bureau. She also stated that she was unaware of the incident reporting process.	A 032	A 032 – 7 NMAC 8.2.32 Reporting Incidents a. Immediate action on 1/13/15: All managers educated to report all incidents of missing property immediately to Executive Director. Complaint/grievance forms given to all managers for proper recording and follow-up (see attached). b. Immediate action on 1/13/15: Executive Director and or/designee will be responsible for initiating all reporting of incidents to the Health Facility Licensing and Certification Bureau concerning potential misappropriation of resident's funds. c. Immediate action on 1/13/15: Executive Director in anticipation of outcome of complaint survey educated self to the incident reporting process. Executive Director set up training for staff to be completed by January 30, 2015 (see attached completion records from Kingston University Mandatory In-service). Continued education necessary to ensure on-going compliance for all issues. Staff to be educated upon hire and annually. Executive Director or designee is assigned the duty to be Incident coordinator and will be responsible for Reporting compliance. DOH Incident Reporting Book will be kept in Executive Directors Office.	1/13/15 1/13/15 On-going