

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2006
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NAME OF PROVIDER OR SUPPLIER BONNEY FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 802 EAST HILL AVENUE GALLUP, NM 87301
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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
A16	<p>7 NMAC 8.2.16 STAFF QUALIFICATIONS</p> <p>7.8.2.16 STAFF QUALIFICATIONS: A facility must employ staff that meet the following qualifications:</p> <p>A. ADMINISTRATOR/DIRECTOR/OPERATOR:</p> <p>(1) Be at least twenty-one (21) years of age.</p> <p>(2) Demonstrate basic respect for the dignity of residents.</p> <p>(3) Be financially solvent and have a good credit history (credit reports must be provided to verify this requirement).</p> <p>(4) Be of good moral character.</p> <p>Applicants must comply with the requirements of the New Mexico Caregivers Criminal History Screening Act.</p> <p>(5) Be able to communicate with the residents and other staff members in the language spoken by the majority of the residents and other employees.</p> <p>(6) Have a high school diploma or its equivalent.</p> <p>(7) Be of sound mind, and not currently dependent upon alcohol or illegal drugs.</p> <p>(8) Have a proven ability to administer, direct and operate an adult residential health facility as demonstrated by education and/or work experience and provide three notarized letters of reference from persons unrelated to the applicant sent with the application as a packet to the Licensing Authority. The evidence of education and experience must be detailed in either the Application or a separate resume or curriculum vitae.</p> <p>B. DIRECT CARE STAFF</p> <p>(1) Be of at least eighteen (18) years of age.</p> <p>(2) Have adequate education, training, or experience to provide for the needs of the</p>	A16		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
DATE FORM

TITLE

(X6) DATE

Kelli Bonney, Director 7/12/06

6899

GYG111

If continuation sheet 1 of 32

JUL 19 2006

Division of Health Improvement

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A16	<p>Continued From page 1</p> <p>residents.</p> <p>(3) Be physically, mentally, and emotionally equipped to carry out responsibilities of resident care, including not being currently dependent upon alcohol or illegal drugs. [5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 5-28-99; 7.8.2.16 NMAC - Rn, NMAC 8.2.16, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.16 A. (4)</p> <p>Based on record review and interview the facility failed to comply with the requirements of the New Mexico Caregivers Criminal History Screening Act for 2 of 4 employees, caregiver #2 and #3.. The findings are:</p> <p>A. On 6/8/06 at 10:30 am, during record review, caregiver #2's criminal background check (clearance letter) could not be found. The caregiver has been employed since 3/20/06.</p> <p>1. On 6/8/06 at 10:40 am, during interview with the administrator, when asked if she had the clearance letter for caregiver #2, she stated "No, I will ask for it". She states caregiver #2 should have gone and had her finger prints done.</p> <p>B. On 6/8/06 at 10:30 am, during record review, caregiver #3's criminal background check (clearance letter) could not be found. The caregiver has been employed since 3/11/05.</p> <p>1. On 6/8/06 at 10:45 am, during interview with caregiver #3 states she had been employed her for over a year and did not do one here.</p> <p>2. On 6/8/06 at 10:45 am, during interview with the administrator, she states "She had one at her last job and I told her to bring it in".</p> <p>C. On 6/8/06 at 11:00 am, during review of the Policy and Procedures for the facility, on page 2 (number 8.) reads: Background checks will be</p>	A16	<ol style="list-style-type: none"> 1. All residents will be protected from this because fingerprinting will be sent to criminal office as soon as the employee is hired. 3. Fingerprints sent to state to the caregiver criminal office to do background check and a copy will be forwarded when it is received. 2. Other residents will not be affected by this because the Director will make sure that anyone employed will have fingerprints taken and sent to the state in a timely manner. 4. The Director will ensure that proper procedure in hiring will be followed. 5. Problem will be corrected by 07/30/06 	07/30/06

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A16	Continued From page 2 required of all employees before the job is offered. The background will be executed through the State of New Mexico Caregivers Criminal History Association.	A16		
A17	<p>7 NMAC 8.2.17 PERSONNEL</p> <p>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:</p> <p>A. Qualifications for all professional and non-professional disciplines.</p> <p>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.</p> <p>C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.</p> <p>D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions.</p> <p>[4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17 C.</p>	A17		

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A17	<p>Continued From page 3</p> <p>Based on record review and interview the facility failed to provide evidence that 1 of 4 staff members, Caregiver #2 was trained in First Aide and that a certificate was in the personnel file. The findings are:</p> <p>A. On 6/8/06 at 10:40 am, during review of the personnel file for caregiver #2, a First Aide certificate could not be found.</p> <p>1. On 6/8/06 at 10:45 am, during interview with the Administrator, she confirmed that caregiver #2 did not have her First Aide certificate.</p>	A17	<p>1. All residents will be protected from this because upon employment Director will make sure any new employee coming in will have first aid certificates current</p> <p>2. Director will follow up and set a time for employee to attend and complete first aid training</p> <p>3. Director will see that a copy of current certificates are sent to your office and keep a copy in the employee file</p>	
A22	<p>7 NMAC 8.2.22 RESIDENT RECORDS</p> <p>7.8.2.22 RESIDENT RECORDS:</p> <p>A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include:</p> <p>(1) Admission records as set out in Section 7.8.2.21 NMAC:</p> <p>(2) Within five (5) days of admission:</p> <p>(a) An executed admission agreement.</p> <p>(b) A completed resident assessment form.</p> <p>(c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical.</p> <p>(d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any</p>	A22	<p>4. The Director will ensure that any current or new employee has a current first aid certificate.</p> <p>5. Problem will be corrected by 07/30/06</p>	07/30/06

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A22	<p>Continued From page 4</p> <p>surrogate decision makers.</p> <p>(3) Within thirty (30) days of admission:</p> <p>(a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission.</p> <p>(b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and diet required.</p> <p>(c) Any amendments to the admission agreement.</p> <p>(d) The current completed resident assessment form.</p> <p>(e) A completed and current individual service plan.</p> <p>(f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the entry and shall include significant information related to the individual service plan.</p> <p>(g) Entries providing 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 record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility.</p>	A22		

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A22	<p>Continued From page 5</p> <p>(h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications.</p> <p>(i) Date, time and progress note of health services provided by any contract agency.</p> <p>(j) 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>(k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility.</p> <p>(l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care facility, upon death or transfer.</p> <p>B. RESIDENT RECORDS, MAINTENANCE:</p> <p>(1) Resident records shall be maintained and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records.</p> <p>(3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge.</p>	A22		

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A22	<p>Continued From page 6</p> <p>(4) There must be a policy and procedure in place for record retention in the event of facility closure. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.22 A. (3b)</p> <p>Based on record review and interview the facility failed to have a recent photograph for 1 of 4 sampled residents #3 (R3). Findings are:</p> <p>A. On 6/7/06 at 7:30 PM, during record review for resident #3 (R3) a photograph could not be found. The resident was admitted on 1/27/06. 1. On 6/7/06 at 7:30 PM, during interview with caregiver #2 states "he came here not too long ago".</p> <p>Refer to 7.8.2.22 A. (3h)</p> <p>Based on record review and interview the facility failed to list all the medications on the Medication Administration Record (MAR) for 1 of 4 sampled residents #3 (R3). The findings are:</p> <p>A. On 6/8/06 at 10:00 am, during review of resident #3 (R3) medical record, orders were found for 5 different medications that are routine, but they are not listed on the MAR. Only the residents am blood glucose monitoring was found on the MAR. 1. On 6/8/06 at 10:00 am, during interview with the administrator, she states he takes his own medication. After he signed the consent for the staff to give the medications he changed his</p>	A22	<ol style="list-style-type: none"> 1. Residents will not be affected. 2. Picture was taken and placed in resident's folder on 06/12/06 3. This problem was an oversight of the Director and she will make sure that residents photographs are in their folders 4. Measures have been taken to correct this problem. The Director will check residents folders every three months for pictures 5. Problem was corrected <p>=====</p> <ol style="list-style-type: none"> 1. Residents will not be affected. 2. Resident is self-medicated. Upon admission resident was instructed in the rules and regulation of providing medication. He agreed and signed a form for self-medication. Resident then changed his mind and asked that he have control of his medications. The Director spoke with resident's doctor and the doctor advised the resident is able to take his own medication without assistance. 3. This resident is asked to sign a form indicating he is able to take his own medication without 	<p>06/12/06</p> <p>06/12/06</p> <p>06/12/06</p> <p>=====</p>
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A23	<p>7 NMAC 8.2.23 FAC. REPORTS, RECS., P & PS & RULES</p> <p>7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES:</p> <p>A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority:</p> <p>(1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports.</p> <p>(2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints.</p> <p>(3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file.</p> <p>(4) TB test results of staff or any of their family members living in the facility.</p> <p>(5) One (1) month of menus planned and as served.</p> <p>(6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills.</p>	A23	<p>4. Order from the doctor is on file for viewing</p> <p>5 Problem corrected on</p> <p>=====</p>	06/20/06

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A23	<p>Continued From page 8</p> <p>(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel.</p> <p>(8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC).</p> <p>(9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit.</p> <p>(10) Vaccination of pets in the facility.</p> <p>(11) Staff training.</p> <p>(a) At orientation and on-going.</p> <p>(b) Appropriate to staff responsibilities.</p> <p>(Assistance with medications, dietary, environmental...)</p> <p>(c) Fire safety.</p> <p>(d) First aid.</p> <p>(e) Safe food handling practices.</p> <p>(f) Confidentiality of records and resident information.</p> <p>(g) Infection control (including universal precautions and linen handling).</p> <p>(h) Resident rights.</p> <p>(i) Providing Quality Resident care based on current resident need.</p> <p>(j) Reporting requirements for Abuse, Neglect or Exploitation.</p> <p>(12) A copy of License.</p> <p>(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.</p> <p>(14) A copy of all WAIVERS/VARIANCES</p>	A23		

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A23	<p>Continued From page 9</p> <p>granted by the Licensing Authority.</p> <p>(15) A copy of the floor plans as approved for licensure.</p> <p>B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:</p> <ul style="list-style-type: none"> (1) The use of tobacco and alcohol. (2) The use of the telephone. (3) Operation of television, radio, and stereo. (5) Use and safekeeping of personal property. (6) Meals. (7) Use of common areas. (8) Electric blankets or appliances used by residents. <p>C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:</p> <ul style="list-style-type: none"> (1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...). (2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets). (3) The handling of resident's funds, if the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation. (5) Handling of complaints. (6) Staff and resident fire and safety training. (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records. (12) Program Narrative. 	A23		

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A23	<p>Continued From page 10</p> <p>(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives.</p> <p>(14) Personnel policies.</p> <p>(15) Identifying and safeguarding resident possessions.</p> <p>(16) Securing medical assistance if a resident's own physician is not available.</p> <p>(17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers.</p> <p>(18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles.</p> <p>(19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to have Personnel Records, Incident Reports and Staff Inservices available at the facility. The findings are:</p> <p>A. On 6/7/06 at 5:45 PM, when asked for the personnel records, incident reports and staff inservices caregiver #1 stated they were kept at the main office on the west side.</p> <p>1. On 6/8/06 at 9:50 am, interview with the administrator confirmed the personnel records, incident reports and staff inservices were kept at the main office on the west side. She states the incident reports are suppose to be here, but the</p>	A23	<ol style="list-style-type: none"> 1. Residents will not be affected 2. Other residents coming in will not be affected 3. Employee file is now kept at the facility where the employee works 4. The Director will make sure employees files are kept at the facility where they work. 5. Problem corrected by 07/30/06 <p>Incident report will be kept on the facility and any incident that occurs will be reported to APS and the Department of Health.</p>	07/30/06

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2006
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NAME OF PROVIDER OR SUPPLIER BONNEY FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 802 EAST HILL AVENUE GALLUP, NM 87301
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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
A23	Continued From page 11 staff take it to her at the west side and she puts it in a file.	A23		
A28	<p>7 NMAC 8.2.28 RESIDENT ACTIVITIES</p> <p>7.8.2.28 RESIDENT ACTIVITIES: Each adult residential care facility shall provide or make available, and post, recreational and/or social activities. Each facility must encourage residents to participate in recreational and/or social activities to promote physical, mental, and Psycho social well-being. [6-10-75, 7-11-86, 4-7-97; 7.8.2.8 NMAC - Rn, 7 NMAC.8.2.28, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide and encourage residents to participate in recreational and/or social activities to promote physical, mental and Psycho social well being for 5 of 6 residents #1, #2, #4 (R1, R2, and R4) and two random residents (RR1 and RR2). The findings are:</p> <p>A. On 6/7/06 at 4:00 PM, during observation, resident #1 (R1) was observed standing in her room. After dinner she went back to her room and was standing in the room or hallway. On 6/8/06 at 7:30 am after breakfast the resident went to her room and only came out once to show me her beads and bracelets she had. She did not come out of her room again until she was called for lunch. On 6/9/06 at 10:45 am she was in her room, not engaged in any activity.</p> <p>1. Resident's Individual Service Plan (ISP) states to include resident in social activities, increase resident awareness of activities by verbal invitation to activities. This was not observed during the time the survey was</p>	A28	<ol style="list-style-type: none"> 1. Activities are provided for all residents who are interested in participating * 2. The facility staff encourage resident participation * 3. Residents can not be forced to participate in activities. This would violate their rights. 4. The Director and caregivers will encourage the residents at all times to take part in daily activities 5. Problem corrected by 06/30/06 	06/30/06

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A28	<p>Continued From page 12</p> <p>conducted.</p> <p>B. During the survey time from 6/7/06 through 6/9/06 resident #2 (R2) was observed in his room the entire time except for meals.</p> <p>C. On 6/7/06 at 7:00 PM, during observation, resident #4 (R4) was observed going back and forth to her room, the TV room and outside. On 6/8/06 from 7:30 am til 12:30 PM she was observed going back and forth from her room, to the TV room and outside.</p> <p>1. On 6/7/06 at 7:30 PM, during record review, the ISP states "needs encouragement to participate in activities".</p> <p>2. On 6/7/06 at 7:00 PM, during interview with resident #4 (R4) was asked about activities, she states "No, I don't see it".</p> <p>D. During the survey time from 6/7/06 through 6/9/06 random resident #1 (RR1) was observed drawing in his room or watching TV.</p> <p>1. On 6/8/06 at 11:30 am, when asked about activities random resident #1 (RR1) stated, "They don't have any here".</p> <p>E. During the survey time from 6/7/06 through 6/9/06 random resident #2 (RR2) was observed sitting outside or watching TV.</p> <p>1. On 6/8/06 at 8:20 am, during interview with random resident #2 (RR2) states "I sit outside, I come in only to eat, there's nothing else to do here".</p> <p>F. On 6/8/06 at 12:15 PM, during interview with caregiver #3, states sometimes they do sewing, puzzles, sometimes a walk, watch TV. "At times we do, sometimes we don't".</p> <p>G. On 6/9/06 at 10:45 am, during interview with the administrator, she states they don't want to attend, so they take them walking in the morning and afternoon.</p> <p>H. On 6/8/06 at 12:10 PM, during review of the activity calender 6/7/06 through 6/9/06 walking was not posted on the calender. On 6/8/06 at</p>	A28		

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A28	Continued From page 13 10:00 am-11:30 am "Beading" is listed on the activity calender which was not observed. On 6/8/06 from 11:30 am - 12:00 PM "Exercise" is listed on the activity calender which was not observed. On 6/9/06 at 10:00 am - 11:30 am "Crafts" is listed on the activity calender, which was not observed.	A28		
A33	7 NMAC 8.2.33 REPORTING OF INCIDENTS 7.8.2.33 REPORTING OF INCIDENTS: A. The facility must insure that all suspected cases or known incidents of resident abuse, neglect, exploitation, and mistreatment are reported. A facility must 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 and Adult Protective Services (APS) by the next business day. In no instance may a facility delay a report to Adult Protective Services or to the Licensing Authority, while an internal investigation is being conducted. B. The facility is responsible for documenting all incidents, within five (5) days of the incident, and having on file, the following: (1) A narrative description of the incident. (2) Results of the facility's investigation. (3) The facility action, if any. [7-1-64, 9-15-70, 5-26-72, 7-11-86, 4-7-97; 7.8.2.33 NMAC - Rn 7 NMAC 8.2.33, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to document and report incidents to the Licensing Authority, have the incident on file at the facility with a narrative, results of the facility's investigation and facility action, if any, for 1 of 4 sampled resident's #4 (R4). Findings are:	A33		

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A33	<p>Continued From page 14</p> <p>A. On 6/8/06 at 8:00 am, during review of the daily log charting and incident reports for resident # 4 (R4) whose diagnosis includes Schizoaffective disorder, the following was revealed:</p> <p>1. On 4/12/06 at 5:00 PM, a note was entered in the daily log that the resident took off after she finished eating to the east side of stop sign and the staff member ran after her and asked her where she was going. She said get some peaches-here it was at the corner of the road, she took one and she put it in her mouth. She's been picking up cigarette butts and chews it. She's been taking off. The Newspaper man remind me that she took off. No incident report was found.</p> <p>2. On 5/2/06 9:00 am-6:00 PM a note was entered in the daily log that the resident took off from home, written out incident. The incident report reads the staff member drove off one block down and back up and to the Mustang store, Gas-up store and when she got back on the road she saw resident crossing the intersection by Mustang and she picked her up and took her home. The resident had a candy with her and when asked where she got the candy she said a man gave it to her. The resident stated she asked that man for money to buy skoal. No further follow-up to this incident could be found.</p> <p>3. On 5/4/06 at 5:40 PM, the daily log reads, resident took off and the staff member had to follow her. The staff member tried to call her, but she kept going. The resident went to Gas-up store and got a candy, the staff member paid for it. No incident report was found.</p> <p>4. On 5/18/06 at 2:15 PM, the daily log reads, resident took off from the house. The staff member went to the store and Gas-up, when she returned the resident was back. No incident</p>	A33	<ol style="list-style-type: none"> 1. Residents are not affected. 2. If any resident has an accident, proper documentation will be filed on the resident's behalf. 3. This resident's incident was reported to her social worker and the proper procedure was taken on the resident's behalf. Also, an evaluation was done by her doctor on 06/13/06. Her medication was adjusted. A follow-up appointment will be scheduled to determine if medication is working. 4. Director will monitor this problem with this resident every 30 days and do a written report and place it in the resident's file and send it to her doctor if her behavior change. Caregivers or staff has been told to let the Director know every time resident takes off and goes to the store. 5. Problem corrected 06/13/06 <p>A written policy has been established regarding residents who walk away from facility. After Ten to Fifteen minutes the staff will look for residents then call police if resident can not be found after the ten to fifteen minute period.</p>	

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A33	<p>Continued From page 15</p> <p>report was found.</p> <p>5. On 5/19/06 at 6:30 (doesn't read am or PM) the daily log reads, resident took off and was found at the church next door and was brought back. No incident report was found.</p> <p>6. On 5/26/06 at 2:40 PM, the daily log reads, resident wandered off from the house down to the store, she came back with 2 candy bars. No incident report was found.</p> <p>7. On 5/29/06 at 3:15 PM, the daily log reads, resident wandered off from the facility . Caregiver #1 and Police notified, went to the store and was told she was wanting candy and was told to pay for it so she left and caught a ride with someone, she was found walking downtown and brought home by an officer at 4:00 PM. No incident report was found.</p> <p>B. On 6/8/06 at 9:00 am, during record review of the Individual Service Plan (ISP) states resident has a potential for wandering away from the facility and to monitor resident and watch were she is at all times, re-direct her as needed. The Monthly narrative reports from January 2006 through April 2006 read, resident continues to wander off the facility grounds.</p> <p>C. On 6/7/06 at 7:00 PM, interview with resident #4 (R4) states "I take a walk, I walk sometimes to store to here, one time I went to the store and they gave me some candy "Free One", my Mom put money there.</p> <p>D. On 6/7/06 at 5:40 PM, interview with caregiver #1 states the resident took off on 5/29/06 on caregiver #2 and caregiver #2 didn't know what to do. So caregiver #1 told her to call the police and give them a picture of the resident. When asked for Policy and Procedures for handling of emergency's caregiver #1 stated "they're at the main house". Caregiver #1 states the resident goes to the store because she wants skoal.</p>	A33	Also APS will be notified and long term care services will be notified.	

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A33	<p>Continued From page 16</p> <p>E. On 6/7/06 at 6:45 PM, interview with caregiver #2 states she thought the resident was in her room, but wasn't. She looked everywhere and then called caregiver #2 to find out what to do. Caregiver #2 states she has not had training on emergencies or any disservice since she started working 3/20/06. She also could not find the Policy and Procedures regarding incidents or handling of emergencies. Caregiver #2 states the resident takes off to the store because she wants candy and soda. If she doesn't bring it from home for her, she will take off.</p> <p>F. On 6/7/06 at 7:30 PM, during review of the Policy and Procedures (300.5 Employee Orientation) state upon employment, an employee will receive comprehensive orientation, including review of a copy of the Resident's rights and reporting abuse, neglect and exploitation.</p> <p>G. On 6/8/06 at 11:30 am, during an interview with the administrator, she states she was not reporting the incidents to the Licensing authority and was confused about reporting. The last time she went to an disservice about reporting was 3-4 years ago. When asked about Policies and Procedures for Elopement/Emergency's, she states "That, I don't think I have one in place". "We look for them for 20 minutes and then call the police. If mentally their 20-30 minutes we look. If mental problem call police right away". She states when resident #4 (R4) takes off, she goes to the store and they find her right away. So for her, it's a behavior problem. When asked how she classified resident #4 (R4) she stated that she's not completely their, she has a diagnosis of Schizophrenia, but most of the time she knows what she's doing.</p>	A33		
A35	<p>7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT</p> <p>7.8.2.35 CUSTODIAL DRUG PERMIT: Any</p>	A35		

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A35	<p>Continued From page 17</p> <p>facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit.</p> <p>A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee.</p> <p>(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.</p> <p>(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator.</p> <p>(4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names.</p> <p>(5) A resident may be permitted to keep his/her own medication in a secure place in</p>	A35		

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A35	<p>Continued From page 18</p> <p>his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so.</p> <p>(6) The facility may not require the resident to purchase prescriptions from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99.</p> <p>B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following:</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.</p> <p>[7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35 A. (1) Based on observation and interview the facility failed to keep all medications locked and the keys in the care of the director or designee. The</p>	A35		

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A35	<p>Continued From page 19</p> <p>findings are:</p> <p>A. On 6/7/06 at 4:00 PM, the file cabinet that holds the resident medication was found unlocked and the key was in the lock. On 6/7/06 at 7:00 PM resident #4 (R4) was observed getting into the cabinet to get "skoal" out.</p> <p>1. On 6/7/06 at 4:00 PM, caregiver #1 states she usually keeps it locked and was observed putting the key away in another file cabinet that was unlocked.</p> <p>B. On 6/8/06 at 8:30 am, the file cabinet with the medications was observed to be unlocked and the key was in the lock. A visitor was in the facility at the time. The file cabinet is located in the TV room where visitors and residents have access to it.</p> <p>C. On 6/9/06 at 10:45 am, the file cabinet with the medications was observed to be unlocked and the key was in the lock.</p> <p>1. On 6/9/06 at 10:50 am, interview with the administrator stated "It's suppose to be locked".</p> <p>Refer to 7.8.2.35 (2) Based on observation and record review the facility failed to keep internal medication from external medication. The findings are:</p> <p>A. On 6/7/06 at 4:30 PM, during observation, a bottle of hydrogen peroxide and a tube of Bengay was found with the internal medications.</p> <p>B. On 6/7/06 at 4:00 PM, during review of the Pharmacy report, it was noted that externals and internals need to be stored separately.</p> <p>Refer to 7.8.2.35 (5) Based on record review and interview the facility failed to have a physician's report/order for 1 of 4 residents #3 (R3) to self administer his own</p>	A35	<ol style="list-style-type: none"> Facility employees will make sure cabinets are locked at all times and keys are not left in lock. Other residents will not have problem because the cabinet will be locked. Caregivers have been told to make sure cabinet is locked at all times and to keep the key with them. They should not leave the key where residents can find it. Director will monitor this every week for three months. Any employee who disregards this measure will have the appropriate disciplinary action taken against him/her. Problem corrected 	06/10/06

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A35	Continued From page 20 medication. The findings are: A. On 6/8/06 at 11:10 am, during record review for resident #3 (R3), orders were found for 5 different medications, not listed on the Medication Administration Record (MAR). No order could be found for resident to self administer. 1. On 6/8/06 at 10:00 am, during interview with the administrator, she stated he takes his own medications. That after he signed the consent for staff to give the medications he changed his mind.	A35		
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. 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 by the physician and entry into the resident's record.	A36		

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A36	<p>Continued From page 21</p> <p>D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.</p> <p>E. Medications prescribed for one resident shall not be used for another resident.</p> <p>F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:</p> <ol style="list-style-type: none"> (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. <p>G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.</p> <p>H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions:</p> <ol style="list-style-type: none"> (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: <ol style="list-style-type: none"> (a) Symptoms that might indicate the 	A36		

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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
A36	<p>Continued From page 22</p> <p>use of the medication.</p> <p>(b) Exact dosage to be used.</p> <p>(c) The exact amount of medication to be used in a 24 hour period.</p> <p>(d) Directions as to what to do if the symptoms persist.</p> <p>(e) Possible interactions or side-effects that might occur.</p> <p>(f) Manufacturer's label information for directions if deemed adequate by the physician.</p> <p>I. The facility must report all medication errors to the physician.</p> <p>J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 C, F</p> <p>Based on observation, record review and interview the facility failed to obtain orders for PRN (when needed) medications and list them on the Medication Administration Record (MAR) for 6 of 6 residents #1-4 (R1-R4) and random resident #1 and #2 (RR1 and RR2). Findings are:</p> <p>A. On 6/7/06 at 4:00 PM, during observation of the file cabinet with medications, the following bottles of medications were found: Extra Strength Tylenol, Stomach Relief, Stool Softener, Maximum Strength comtrex, Equate nite time multi-symptom cold (flu relief), Extra strength maalox, Bengay ointment, Advair and Hydrogen Peroxide.</p> <p>1. On 6/7/06 at 4:00 PM, during review of the Medication Administration Records (MAR), no</p>	A36	<ol style="list-style-type: none"> Some residents have over-the-counter medication which is ordered by their doctor. Other residents will not be affected by this. All over-the-counter medication has been removed and put in proper containers. Those that were outdated have been destroyed. PRN medication has been put on MAR - front and back. Information will be kept. Director will make sure that all caregivers are following this measure. Any caregiver found not to be in compliance will have disciplinary action taken against him/her. Problem corrected. In Service was given to all staff on June 16, 2006 on keeping out-dated medication separated until the pharmacist can pick it up and destroy. 	06/10/06

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A36	<p>Continued From page 23</p> <p>PRN (when needed) medications were listed on any of the residents MAR's.</p> <p>2. On 6/7/06 at 4:00 PM, during review of the Pharmacy Report, states all medications in Medication box needs to be on MAR's, including PRN or over the counter medications.</p> <p>B. On 6/7/06 at 4:00 PM, during observation of the file cabinet with medications, 2 boxes of Advair inhaler were found with random resident #2's (RR2) name on it.</p> <p>1. On 6/8/06 at 8:45 am, interview with caregiver #2 states they give random resident #2 (RR2) the Advair when she asks for it. When asked about the other stock medications in the file cabinet, caregiver #2 states, random resident #2 (RR2) sometimes has a headache and they will administer Extra Strength Tylenol to her.</p> <p>C. On 6/8/06 at 11:10 am, during record review for resident #3 (R3), orders were found for 5 different medications, not listed on the Medication Administration Record (MAR). No order could be found for resident to self administer.</p> <p>1. On 6/8/06 at 10:00 am, during interview with the administrator, she stated he takes his own medications. That after he signed the consent for staff to give the medications he changed his mind.</p> <p>Refer to 7.8.2.36 G</p> <p>Based on observation, record review and interview the facility failed to document any medications removed from a pharmacy container or blister pack immediately for 1 of 4 sampled resident's #2 (R2) and 2 of 2 random residents #1 and #2 (RR1 and RR2) . Findings are:</p> <p>A. On 6/7/06 at 5:15 PM, during observation of caregiver #1, she took out 3 medications cups</p>	A36		

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A36	Continued From page 24 from a cabinet in the kitchen with 3 different names on them and distributed them out at the dinner table to those residents. The first cup contained 3 Dilantin 100 mg for random resident #2 (RR2), the second contained 4 Dilantin 100 mg, 1 Carbamazepine 200 mg for random resident #1 (RR1) and the last container contained Metoprolol 50 mg (1/2 tablet), 1 Terazosin HCL 5 mg and 1 Simvastatin 80 mg for sample resident #2 (R2). The Medication Administration Record (MAR) was not signed out or looked at during administration to the residents. 1. On 6/7/06 at 5:17 PM, during interview with caregiver #1 stated "I get them ready in the am for the PM, I know I'm not suppose to". 2. On 6/9/06 at 10:45 am, during interview with the administrator, regarding prepoured medications, she stated "They're not suppose to". Refer to 7.8.2.36 J. Based on observation the facility failed to dispose of outdated medications. Findings are: A. On 6/7/06 at 5:20 PM, during observation of the file cabinet with medications, a open bottle of Stool Softener/Stimulant Laxative expired on 7/05, a open bottle of Extra Strength Maalox expired on 7/02 and a open bottle of hydrogen peroxide expired on 7/02.	A36		
A37	7 NMAC 8.2.37 NUTRITION 7.8.2.37 NUTRITION: Each facility shall provide planned and nutritionally balanced meals in accordance with the recommended daily dietary allowance from the basic food groups to meet the nutritional needs of the age group. A. At least three (3) meals shall be served daily at regular times, or in accordance with the	A37		

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A37	<p>Continued From page 25</p> <p>program narrative.</p> <p>(1) No more than a sixteen (16) hour span may exist between a substantial evening meal and breakfast. Snacks must be made available between meals and in the evening and must be listed on the daily menu. Vending machines shall not be considered a source of snacks.</p> <p>(2) A sufficient amount of time shall be allowed for meals to enable residents to eat at a leisurely pace and to socialize.</p> <p>B. A copy of the current week's menu, including snacks and therapeutic diets, shall be posted where residents and families can see it. Posted menus shall be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu. Menus as served must be kept for thirty (30) days and be available to the public. Identical menus shall not be used on a one (1) week cycle basis.</p> <p>C. Therapeutic diets and prescribed vitamin and mineral supplements shall be given and served only on the written orders of a physician. The physician's order shall become part of the resident's record and shall be updated as necessary.</p> <p>D. The facility shall make every reasonable attempt to accommodate the resident's food preferences, and requests by the resident or the resident's representative to observe religious or cultural dietary practices.</p> <p>E. Personnel handling food must be in good health, practice hygienic food-handling techniques, have good personal grooming, and be free from communicable disease transmissible via food.</p> <p>F. Ensure the food is prepared by methods that will conserve nutritive value, enhance flavor, appearance, and is served at the proper temperature and in a form to meet individual</p>	A37		

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A37	<p>Continued From page 26</p> <p>needs.</p> <p>G. All residents must be served in a dining room except for residents with a temporary illness, or documented specific personal preference.</p> <p>H. If a resident consistently refuses to eat after encouragement, the resident shall be evaluated by an appropriate health professional. The resident shall be offered fluids more often during the time he/she is refusing to eat. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.37 NMAC - Rn, 7 NMAC 8.2.37, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.37 B.</p> <p>Based on observation, record review and interview the facility failed to follow menu's as posted and mark the menu with any changes. The findings are:</p> <p>A. On 6/7/06 at 5:00 PM, during observation of dinner, Vegetable soup, buttered french bread, salad, orange juice, coffee and 2 sugar cookies were given. The menu reads: baked chicken, rice, peas and onions, rolls, tea and milk. It menu was not marked with the substituted items.</p> <p>1. On 6/7/06 at 5:00 PM, caregiver #1 states they had a heavy lunch and they asked for something light. She showed me on the menu they had enchilada's with refried beans, Spanish rice, mixed green salad, tea and milk. After I pointed out that was Tuesday 6/6/06's menu she then said, oh they had a green Chile cheeseburger, french fries, fruit cup, tea and milk, which was the lunch menu for 6/7/06.</p> <p>B. On 6/8/06 at 7:30 am, during observation of breakfast, waffles, a boiled egg, oatmeal, coffee</p>	A37	<ol style="list-style-type: none"> 1. Residents have been given the proper nutritional diet. 2. Other residents will not be affected by this practice. 3. On 06/15/06 a meeting was held to inform all caregivers to make sure written changes were made on the menu when a food item was substituted. 4. Director will make sure the staff follows this measure and check every 30 days. 5. Problem corrected 	06/15/06
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A37	<p>Continued From page 27</p> <p>and water was given. The menu reads: egg, bacon or sausage, hash browns, toast or English muffin, juice, coffee and milk. The menu was not marked with the substituted items.</p> <p>1. On 6/8/06 at 7:40 am, during interview with caregiver #2, states "We didn't have the things listed on the menu". Caregiver #2 states they never have food listed on the menu, "We have to bring it from home", they never have it (bacon or sausage). She states they make a list, they didn't have any potatoes, she called, they said they didn't have any at the pantry.</p> <p>2. On 6/9/06 at 10:45 am, during an interview with the administrator, she stated they can change an item if they don't have it, but they're suppose to mark it.</p>	A37		
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 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</p>	A38		

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Continued From page 28

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.

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.

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.

G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions.

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 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]

This REQUIREMENT is not met as evidenced by:
Refer to 7.8.2.38 D.

Based on observation the facility failed to have a thermometer in the freezer. Findings are:

A. On 6/8/06 at 7:50 am, during observation, the refrigerator freezer did not have a thermometer.

Refer to 7.8.2.38 E.

A38

1. Residents have not been affected.
2. Other residents will not be affected.
3. A thermostat was in place at the time of this inspection. It was located inside the freezer door. The thermostat has been moved from the freezer door and placed where it is visible. All the food that was not properly dated has been labeled and dated. Also, there is a notice on the outside of the freezer door stating all freezer food is to be labeled and dated.
4. A meeting was held on 06/15/06 with all staff. The staff was informed once again to make sure they label and date frozen foods. Caregivers who do not label or date food items will have disciplinary action against him/her.
5. Problem corrected 06/15/06

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A38	<p>Continued From page 29</p> <p>Based on observation and interview the facility failed to label and date numerous items in the Refrigerator and freezer located in the kitchen. Findings are:</p> <p>A. On 6/8/06 at 7:50 am, during observation, the Refrigerator contained a bag of cheese with no open date, a container of salad with no date, a gallon of milk (which expired 5/13/06), a plastic bag of hot pockets with no open date, 2 bags of meat product with no label or date, a jar of mayonnaise with no open date and a bag of corn tortillas with no open date. The freezer contained numerous bags of frozen products in large baggies with no label or date on them.</p> <p>1. On 6/9/06 at 10:45 am, during interview with the administrator, she states "I tell them all the time to date the items".</p>	A38		
A56	<p>7 NMAC 8.2.56 TOILET AND BATHING FACILITIES</p> <p>7.8.2.56 TOILET AND BATHING FACILITIES:</p> <p>A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit must be provided for every eight (8) residents or fraction thereof. Each facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference.</p> <p>B. The combination type tub and shower is permitted.</p> <p>C. toilets, tubs, and showers must be provided with grab bars.</p> <p>D. If a facility has live in staff, a separate toilet, sink, and bathing facility must be provided. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a separate toilet, sink, and bathing facility for live in staff.</p>	A56		

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A56	<p>Continued From page 30</p> <p>E. Tubs and showers must have a slip resistant surface.</p> <p>F. Toilet, sink, and bathing facilities must be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bath, or sink facility is permitted.</p> <p>G. All facilities must have a minimum of one (1) toilet and bathing facility which meets requirements for the disabled. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a toilet and bathing facility which meets requirements for the disabled.</p> <p>H. Toilet paper and soap must be provided in each toilet room.</p> <p>I. The use of a common towel is prohibited.</p> <p>J. Bathrooms and lavatories must be cleaned as often as necessary to maintain a clean and sanitary condition. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.56 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.56 H.</p> <p>Based on observation and interview the facility failed to clean bathrooms as often as necessary to maintain a clean and sanitary condition. The findings are:</p> <p>A. On 6/7/06 at 4:00 PM, during observation of the second floor bathroom, three large spots of dry blood were noted on the right side of the bathtub, on the outside. The cabinet next to the bathroom toilet also had several large spots of dry blood on it. On 6/8/06 at 8:30 am, the spots were still present.</p> <p>1. On 6/8/06 at 8:40 am, during interview with caregiver #2, when asked what the spots on the bathtub and cabinet looked like, she stated</p>	A56	<ol style="list-style-type: none"> 1. The bathroom was cleaned and the blood was removed. 2. Other residents will not be affected by this. 3. Caregivers have been instructed to keep living area and bathroom clean at all times. 4. A sign in sheet has been placed on the bathroom door so employees can sign in when the bathroom is cleaned. A record will be kept on this measure. 5. The blood was removed. The problem was corrected 	06/09/06

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A56	Continued From page 31 "probably blood".	A56		