

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5634	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2008
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4708 DRIFTWOOD NW ALBUQUERQUE, NM 87114
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A23	<p>7 NMAC 8.2.23 Fac, reports, Recs., P & RS & 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.</p> <p>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> <p>(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural</p>	A23	<p><u>First Aid.</u></p> <p>Everyone employed by MVM in the capacity of CNA or caregiver will participate in an annual basic first-aid courses. R.N. employed by MVM will review course material and answer staff questions. Each current employee will review, sign & date annual review. and it will be placed in each employee file X 30 days</p> <p>08-18-08</p> <p>New Employees will be trained and tested as part of their orientation program & annually thereafter. This will assure residents & staff</p>	
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Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shirley Gulick*

STATE FORM

RECEIVED

TITLE: *Admin Assistant*

(X8) DATE: *07-22-08*

AUG 4 2008

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If continuation sheet 1 of 6

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A23	Continued From page 1 disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (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. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal precautions and linen handling). (h) Resident rights. (i) Providing Quality Resident care based on current resident need. (j) Reporting requirements for Abuse, Neglect or Exploitation. (12) A copy of License. (13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions. (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure.	A23	<i>Competence & quality care.</i> <i>Neglect & Abuse</i> <i>Complete (31 page) Copies of course materials "Indicators of Abuse, Neglect and Exploitation: Reducing Risk for Licensed Facilities - 2008 Edition" were distributed to all care giving staff. Staff was required to completely read course materials. I personally phoned each staff member</i>	

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A23 Continued From page 2

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:

- (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.

C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:

- (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 or 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.
- (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make

A23

Reviewed material and quizzed the staff member to assure comprehension. Staff was required to sign their copy for placement in their personnel file. Staff will be required to review course material each July annually. Current staff training program will be complete by 07-25-08. New posters and information have been posted in the facility. Residents, staff & families will

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A23	<p>Continued From page 3</p> <p>advance directives. (14) Personnel policies. (15) Identifying and safeguarding resident possessions. (16) Securing medical assistance if a resident's own physician is not available. (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. (18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles. (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] This REQUIREMENT is not met as evidenced by: 7.8.2.23 A. (11)(d)</p> <p>Based on records review and interview, the facility failed to maintain documentation of ongoing training in First Aid for 5 of 7 sampled staff. The findings are:</p> <p>A. Review of training records revealed no ongoing (annual) training in First Aid for S2, S3, S4, S6, S7.</p> <p>B. During an interview with the house manager on 07/14/08 at 11:30 am, she acknowledged the facility failed to conduct ongoing (annual) staff training in First Aid for 5 of the 5 staff.</p>	A23	<p><i>have better understanding and access to better reporting options.</i></p>

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A23 Continued From page 4
7.8.2.23A.(11)(j)

Based on records review and interview, the facility failed to maintain documentation of ongoing (annual) staff training in reporting requirements for Abuse, Neglect or Exploitation for 7 of 7 sampled staff. The findings are:

A. Review of training records revealed no ongoing (annual) training in Abuse, Neglect or Exploitation for S1, S2, S3, S4, S5, S6 S7.

B. During an interview with the house manager on 07/14/08 at 11:00 am, she acknowledged the facility failed to conduct ongoing staff training in Abuse, Neglect or Exploitation for all 7 of 7 staff.

A23

A62 7 NMAC 8.2.62 Fire Extinguishers

7.8.2.62 FIRE EXTINGUISHERS:

A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection.

B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction.

[7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00]

This REQUIREMENT is not met as evidenced by:

Refer to NMAC 7.8.2.62 A

A62

Fire Extinguishers
Fire extinguishers will be tested, serviced and tagged yearly by independent fire company. Have contracted with "Lobo Fire Services" to inspect and service 07-21-08 fire extinguishers in compliance with state reqs and

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A62	Continued From page 5 Based on observation and interview, the facility failed to have 2 of 2 fire extinguishers inspected yearly as required. The findings are: A. During the initial tour of the facility on 07/14/08, two fire extinguishers in the facility did not have tags with the date of the last inspection. B. Interview on 07/14/08 at 10:00 AM with the house manager, she acknowledged the problem.	A62	<i>Current deficiency. Resident safety will be assured by quality of intact fire extinguishers.</i>