Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2065	A. BUILDING _____ B. WING _____	03/13/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA SANDIA ASSISTED LIVING	8604 CAMINO OSITO NE ALBUQUERQUE, NM 87111

(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
A13	7 NMAC 8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICEN 7.8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the Licensing Authority determines that an application for renewal of a license is to be denied, or that a license is to be revoked, the Licensing Authority shall provide written notification to the adult residential care facility, the residents of the adult residential care facility and the surrogate decision maker for the resident. B. A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following reasons: 1. Failure to comply with any provision of these regulations. 2. Failure to allow a survey by authorized representatives of the Licensing Authority. 3. Hiring or retaining any employee who has been convicted of a felony or misdemeanor related to abuse, neglect or exploitation, trafficking in controlled substances, criminal sexual penetration or related sexual offenses. 4. Misrepresentation or falsification of any information on application forms or other documents provided to the Licensing Authority. 5. Discovery of repeat violations of these regulations. 6. Failure to provide the required care and services as outlined by these regulations for the residents receiving care from the facility. 7. Exceeding licensed capacity.	A13	RECEIVED APR - 2 2007	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lynne Blake Owner 3/29/07

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A13	Continued From page 1 8. Failure to provide an acceptable plan of correction. 9. Abuse, neglect or exploitation of any patient/client/resident by facility operator, staff or relatives of operator/staff. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 6-15-98; 7.8.2.13 NMAC - Rn, 7 NMAC 8.2.13, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.13 B. (7) Based on record review, observation, and interview the facility exceeded its licensed capacity by 1 resident. The findings are: A. Record review on 3/12/07 revealed the facility is licensed for a capacity of 8 residents. B. Tour of the facility on 3/12/07 at 3:30 PM revealed 9 residents receiving services in the facility. C. During an interview with staff S11 on 3/13/07 at 7:30 AM, she revealed that resident R9 was staying in bedroom 1. Additionally, during the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, she acknowledged that R9 was temporarily staying in the facility and receiving services.	A13	7.8.2.13 B. (7) *Based on record review, observation, and interview, the facility exceeded its licensed capacity by 1 resident* 12.C.1 The above violation will be corrected by removing temporary resident #9. 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by not allowing temporary residents into the facility if it means exceeding the capacity of 8. 12.C.3 This facility will monitor its corrective action by ensuring that the admitting director does not exceed the capacity of 8 with either a temporary or long-term resident per state regulations. 12.C.4 This corrective action was completed on 3/13/07.	
A19	7 NMAC 8.2.19 ADMISSIONS 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for	A19		

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A19	Continued From page 2 admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others.	A19		

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A19	Continued From page 3 (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents.	A19		

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A19	Continued From page 4 (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.19 C. Based on interview and record review, the facility failed to convene an admission retention team for 8 of 8 residents reviewed that required a greater degree of care than the facility would nornally provide. The findings are: A. During an interview with the Administrator on 3/12/07 at 10:30 AM, she acknowledged that 8 of 8 facility residents were receiving hospice services and she did not convene a team to determine continued residency. B. Record review on 3/13/07 of 5 residents charts confirmed the residents were receiving hospice services and no admission retention team was convened.	A19	7.8.2.19 C *Based on interview and record review, the facility failed to convene an admission retention team for 8 of 8 residents reviewed that required a greater degree of care than the facility would normally provide.* 12.C.1 The above violation will be corrected by posting an addendum to the current policies and procedures manual that instills a policy that states: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident the facility will convene a team comprised of the facility director, the resident, the resident's agent, guardian or surrogate decision maker, the resident's advocate, such as the resident's case manager, Ombudsman or social worker, consult with the treating physician either in person or via telephone, and other appropriate health care	
A22	7 NMAC 8.2.22 RESIDENT RECORDS 7.8.2.22 RESIDENT RECORDS: 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	A22		

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A22	Continued From page 5 making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission: (a) An executed admission agreement. (b) A completed resident assessment form. (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. (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers. (3) Within thirty (30) days of admission: (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. (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. (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan.	A22	professionals. The team shall jointly determine if the resident should be admitted or allowed to remain in the facility and the licensing authority will be notified within five (5) days of the completion of team approval in writing and will include evidence of the team's consideration of the required items. This will go into effect for all new admissions effective 4/13/2007. 12.C.2 The facility will identify other residents having the potential to be affected by the same deficient practice by adhering to the facility policy to convene a team to decide whether or not the resident is appropriate for admission and/or retention and how that decision will affect the other residents as per state regulation. 12.C.3 The facility will monitor its corrective action by convening a team 12.3.4 This corrective action will be completed by April 13, 2007.	

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A22	Continued From page 6 (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. (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. (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. (i) Date, time and progress note of health services provided by any contract agency. (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. (k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care	A22		

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A22	Continued From page 7 facility. (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. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (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. (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] This REQUIREMENT is not met as evidenced by: 7.8.2.22 A. Based on record review and interview the facility failed to have authenticating signatures and dates on caregiver notes for 5 of 5 residents reviewed. The findings are: A. Record review on 3/12/07 revealed that caregiver notes for residents R1, R2, R3, R4, and R5 did not include authenticating signatures and dates. B. During the exit interview with the Administrator and Residential Service Director on 3/13/07 at	A22	7.8.2.22 A *Based on record review and interview the facility failed to have authenticating signatures and dates on caregiver notes for 5 of 5 residents reviewed.* 12.C.1 The above violation will be corrected by the facility's supervisor presenting a "Proper Documentation Inservice" wherein the staff will undergo re-training on proper documentation in caregiver notes. 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by each staff member attending the documentation in-service and having a clear understanding of proper documentation in caregiver notes. 12.C.3 This facility will monitor its corrective action by the auditing of caregiver notes once weekly by a manager and/or director. 12.C.4 This corrective action will by completed by April 13, 2007.	

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A22	Continued From page 8 1:55 PM, they acknowledged that caregiver notes for residents R1, R2, R3, R4, and R5 did not include authenticating signatures and dates. Based on record review and interview the facility failed to have authenticating signatures on the Medication Administration Record[s] for 5 of 5 residents reviewed. The findings are: A. Record review on 3/12/07 revealed that some of the Medication Administration Record[s] for residents R1, R2, R3, R4, and R5 did not include authenticating signatures and dates. B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, they acknowledged that some of the Medication Administration Record[s] for residents R1, R2, R3, R4, and R5 did not include authenticating signatures and dates.	A22		
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment.	A27		

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A27	Continued From page 9 (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.27 B. (3-8) Based on record review and interview the facility failed to develop complete individual service plans for 5 of 5 residents reviewed. The findings are: A. Record review on 3/13/07 revealed that individual service plans for residents R1, R2, R3, R4, and R5 did not include the following: who will provide services, when or how often the services will be provided, how the services will be provided, where the services will be provided, goal and outcome of the service, documentation of the facilities determination that it is able to meet the needs of the resident. B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, they failed to explain why the individual service plans did not meet the regulatory requirements.	A27	7.8.2.27 B. (3-8) *Based on record review and interview the facility failed to develop complete individual service plans for 5 of 5 residents reviewed.* **12.C.1** The above violation will be corrected by ensuring that all resident service plans will be specific as to who will provide services, when or how often the services will be provided, how the services will be provided, where the services will be provided, and goals and outcomes of the service to ensure the needs of the resident are met. **12.C.2** This facility will identify other residents having the potential to be affected by the same deficient practice by ensuring that all service plans will outline all necessary information per regulatory requirements. **12.C.3** This facility will monitor its corrective action by ensuring the service plans are properly written prior to their placement in the resident chart within five days of admission and upon re-assessment. **12.C.4** This corrective action will be completed with all new admissions and all re-assessments from April 13, 2007 and forward.	
A34	7 NMAC 8.2.34 RESIDENT RIGHTS	A34		

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A34	Continued From page 10 7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents. 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. 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: (1) the resident's spouse; (2) any of the resident's adult children; (3) either of the resident's parents; (4) any relative the resident has lived with for six or more months before admission; (5) a person who has been caring for, or paying benefits on behalf of the resident; (6) a placing agency; or (7) any other person, e.g., Ombudsman. C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility: D. The facility, to protect resident rights must: (1) Treat all residents with courtesy, respect, dignity and compassion. (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. (3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any changes.	A34		

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A34	Continued From page 11 (4) Assure that residents have a safe and sanitary living environment. (5) Provide humane care. (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. (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. (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. (9) Prohibit the use of any and all physical and chemical restraints. (10) Assure the residents are free from physical and emotional abuse and neglect. (11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management. (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. (13) Permit the residents to leave the facility freely and return without unreasonable restriction. (14) Prevent unjustified room transfers or discharge from this facility. (15) Use care and management practices that foster social interaction and avoid practices that	A34		

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	2065	A. BUILDING _____ B. WING _____	03/13/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA SANDIA ASSISTED LIVING	8604 CAMINO OSITO NE ALBUQUERQUE, NM 87111

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A34	Continued From page 12 unnecessarily result in social isolation. (16) Provide services consistent with informed consent. (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. (18) Promptly address and resolve resident complaints. (19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment. (20) Respect a resident's choice of doctor, pharmacist and other health care provider. (21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care. (22) Respect a resident's right to keep and use personal possessions without loss or damage. (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. (24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management. (25) Require no resident to work for the facility. (26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker. (27) Assure the involvement in, and	A34		

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A34	Continued From page 13 consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care. 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] This REQUIREMENT is not met as evidenced by: 7.8.2.34 D.(9) Based on observation, records review, and interview that facility failed to protect the rights of 4 of 5 residents reviewed by prohibiting the use of physical restraints. The findings are: A. Tour of the facility on 3/13/07 at 9:00 AM revealed that residents R1, R4, R5, and R6 beds were equipped with full bed rails. B. Record review on 3/13/07 revealed doctor's orders for full bed rails for residents R1, R4, R5 and R6. C. During an interview with the Residential Service Manager on 3/13/07 at 9:05 AM, she acknowledged that full bed rails were in use for residents R1, R4, R5 and R6.	A34	**7.8.2.34 D (9)** *Based on observation, records review, and interview the facility failed to protect the rights of 4 of 5 residents reviewed by prohibiting the use of physical restraints.* **12.C.1** The above violation will be corrected by the facility removing the physical restraints, i.e., bed rails. **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by removing existing bed rails and prohibiting the use of bed rails in the future. **12.C.3** This facility will monitor its corrective action by staff completing a shift change walk through to ensure there are no bed rails being utilized. **12.C.4** The corrective action was completed on March 13, 2007	
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any 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. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance	A35		

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A35	Continued From page 14 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. (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. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (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. (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. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection	A35		

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A35	Continued From page 15 Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (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. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (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. [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] This REQUIREMENT is not met as evidenced by: 7.8.2.35 A. (4) Based on observation and interview the facility failed to store all medications in separate compartments for each resident. The findings are: A. Tour of the facility on 3/13/07 at 7:30 AM revealed that all resident narcotics were stored together with no separate compartments for each resident. The findings are: B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, she acknowledged that resident	A35	7.8.2.35 A (4) *Based on observation and interview the facility failed to store all medications in separate compartments for each resident.* **12.C.1** The above violation will be corrected by the facility storing all medications in separate, labeled compartments. **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by ensuring all medications are stored in separate compartments. **12.C.3** This facility will monitor its corrective action by staff ensuring all medications are stored in separate compartments during count at shift change. **12.C.4** The corrective action will be completed by April 13, 2007.	

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A35	Continued From page 16 narcotics were not stored in separate compartments. 7.8.2.35 A. (2) Based on record review the facility failed to have staff initial the shift change narcotics count form at several shift changes. The findings are: A. Record review on 3/13/07 revealed several blank spaces where staff are suppose to initial the Narcotics count at shift change. B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, the Residential Service Manager acknowledged that the narcotics count form had several blank spaces where staff are supposed to initial the narcotics count at shift change.	A35	**7.8.2.35A** *Based on record review the facility failed to have staff initial the shift change narcotics count form at several shift changes.* **12.C.1** The above violation will be corrected by the facility's supervisor presenting a "Proper Documentation Inservice" wherein the staff will undergo re-training on proper documentation during shift change counts. **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by each staff member attending the documentation in-service and having a clear understanding of proper documentation during shift change narcotic counts. **12.C.3** This facility will monitor its corrective action by the auditing of narcotic shift change counts once weekly by a manager and/or director. **12.C.4** This corrective action will by completed by April 13, 2007	
A44	7 NMAC 8.2.44 HAZARDOUS AREAS 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by	A44		

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A44	Continued From page 17 self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64. 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00] This REQUIREMENT is not met as evidenced by: Massey, Ricky L. 7.8.2.44A.(1) Based on observation and interview the facility failed to have a self closing or smoke operated automatic closing device on the door to a hazardous area. The findings are: A. Tour of the facility on 3/12/07 revealed there was no self closing or smoke operated automatic closing device on the door to the laundry room and the door was standing open. B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, they acknowledged that the laundry room door is not equipped with a self closing or smoke operated automatic closing device.	A44	**7.8.2.44 A (1)** *Based on observation and interview the facility failed to have a self closing or smoke operated automatic closing device on the door to a hazardous area.* **12.C.1** The above violation will be corrected by the facility installing a self-closing apparatus on the door to the laundry room **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by the installation of a self-closing door apparatus on the laundry room door. **12.C.3** This facility will monitor its corrective action by ensuring the self-closing door apparatus is installed in a timely manner. **12.C.4** This corrective action will be completed by April 13, 2007	
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers,	A45		

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A45	Continued From page 18 and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential	A45		

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A45	Continued From page 19 for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.45G. Based on observation and interview the facility failed to properly screen all openings to the outside air for the control of insects and rodents. The findings are: A. Tour of the facility on 3/12/07 revealed that resident bedrooms windows #3, #5, and #6 had no window screens and could allow interior access to insects. B. During the exit interview with the Administrator and Residential Service Manager on 3/13/07 at 1:55 PM, they acknowledged that windows to bedroom areas had no window screens and could allow interior access to insects.	A45	**7.8.2.45 G** *Based on observation and interview the facility failed to properly screen all openings to the outside air for the control of insects and rodents.* **12.C.1** The above violation will be corrected by replacing window screens on windows 3, 5, and 6. **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by ensuring the window screens are replaced **12.C.3** This facility will monitor its corrective action by ensuring that when routine maintenance, i.e., painting, window cleaning, air conditioning maintenance, etc., is being performed, that it is done one window at a time and that the window screen is immediately replaced upon completion of task. **12.C.4** This corrective action will be completed by April 13, 2007	
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96).	A66		

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A66	Continued From page 20 [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.66; 7.1.9.7 D Based on interview and record review the facility failed to conduct a caregiver criminal history screening on one staff member with unsupervised physical access to facility residents. The findings are: A. During an interview with the Assistant Director on 3/13/07 at 11:14 AM, he acknowledged that he had not been fingerprinted for a caregiver criminal history screening. B. Record review on 3/13/07 revealed no caregiver criminal history screening on file for the Assistant Director. 7.8.2.66; 7.1.9.8 C. Based on record review the facility failed to conditionally supervise staff S2 pending receipt of her caregiver criminal history screening clearance. A. Record review on 3/12/07 revealed no caregiver criminal history screening clearance for staff S2, however, the staffing schedule revealed that staff S2 worked the Friday and Saturday PM-11 PM shifts without supervision.	A66	**7.8.2.66** *Based on interview and record review the facility failed to conduct a caregiver criminal history screening on one staff member with unsupervised physical access to facility residents.* **12.C.1** The above violation will be corrected by submitting fingerprints for an updated caregiver criminal history screening on the assistant director. **12.C.2** The facility will identify other residents having the potential to be affected by the same deficient practice by submitting fingerprints for an updated caregiver criminal history screening on the assistant director. **12.C.3** The facility will monitor its corrective action by verifying that fingerprints are submitted so that we may receive an updated caregiver criminal history screening on the assistant director. **12.C.4** This corrective action will be completed by April 13, 2007.	

7.8.2.66; 7.1.9.8 C
Based on record review the facility failed to conditionally supervise staff S2 pending receipt of her caregiver criminal history screening clearance.

12.C.1
The above violation will be corrected by documentation of conditionally supervising new staff pending the receipt of the caregiver's criminal history screening clearance letter. Per CCHSP Legal Department, such supervision will consist of at least one of the following phone call to staff during shift, viewing of surveillance tapes during such staff's shift, or on-site checks.

12.C.2
The facility will identify other residents having the potential to be affected by the same deficient practice by conditionally supervising all staff pending receipt of the caregiver's criminal history screening clearance letter.

12.C.3
This facility will monitor its corrective action by placing a "Conditional Supervision Documentation Sheet" in the staff's personnel file to verify that said staff is being supervised pending receipt of the caregiver criminal history screening clearance letter.

12.C.4
This corrective action will be completed by April 13, 2007