



Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5609	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/12/2006
NAME OF PROVIDER OR SUPPLIER  GARLAND HOUSE, LTD (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120		
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A 01	Continued From page 1  FILE A CRIMINAL BACKGROUND SCREENING FROM THE NEW MEXICO CAREGIVER ' S CRIMINAL HISTORY SCREENING PROGRAM AS REQUIRED.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.  BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION THAT THE EMPLOYEE ABUSE REGISTRY WAS CHECKED IN ACCORDANCE WITH NMAC 7.1.12 (EFFECTIVE January 1, 2006) FOR 1 OF 5 EMPLOYEES (S3). THE FINDINGS ARE:  DURING REVIEW OF THE EMPLOYEE FILES, IT WAS NOTED THAT AN EMPLOYEE WITH A HIRE DATE OF 8/31/06 (S2) DID NOT HAVE ON FILE DOCUMENTATION OF SEARCH ON THE REGISTRY USING THE INDIVIDUAL'S IDENTIFYING INFORMATION.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THAT THIS HAD NOT BEEN DONE.	A 01	make sure that every new employee will receive a statewide criminal screening for caregivers in the future  A01-7.1.12-Employee Abuse Registry - Employee (S3) Now has documentation of the search on registry using the individual's I.D. Information.  In the future all employees of the Garland House will have documentation of search on the employee abuse registry.	1-3-07
A17	7 NMAC 8.2.17 PERSONNEL  7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following: A. Qualifications for all professional and non-professional disciplines. B. Staff conduct which must foster resident	A17	A-17-7 NMAC 8.2.17 Personnel A. Employee S-2 received her new 1st Aide certificate on 1-2-07  There will always be one employee	

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A17	<p>Continued From page 2</p> <p>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. [4-7-97; 7.8.2.17 NMAC - Rn &amp; A, 7 NMAC 8.2.17, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO PROVIDE EVIDENCE OF REQUIRED THE MAJORITY OF ANNUAL REQUIRED TRAINING FOR 5 OF 5 FACILITY STAFF (S1, S2, S3, S4 AND S5.). THE FINDINGS ARE:</p> <p>A. DURING REVIEW OF THE FACILITY RECORDS, THERE WAS NO DOCUMENTATION OF ANNUAL TRAINING IN ANY OF THE REQUIRED TOPICS FOR STAFF WITH THE EXCEPTION FOR 1ST AID TRAINING FOR S1 AND S3.</p> <p>B. ON 12/12/06 DURING THE EXIT INTERVIEW, THE ADMINISTRATOR STATED THAT SHE WOULD ENSURE THAT ALL STAFF</p>	A17	<p><i>in our facility with a current 1st Aid certificate</i></p> <p><i>B. The facility will monitor staff records monthly.</i></p> <p><i>Staff training on 1-10-07</i></p> <p><i>Fire safety, first aid, safe food handling practices, confidentiality of record &amp; Resident information, Infection control, Residents rights, Reporting Requirements for abuse neglect &amp; exploitation &amp; Providing Quality Resident Care based on current residents needs. will be held Jan 3rd &amp; Jan 10th.</i></p> <p><i>The facility will continue to train employees every 6 months.</i></p>	



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A19	Continued From page 4 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. (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,	A19	<u>continued from pg 3</u> An individualized service plan identifying specific needs & addressing manner in which such needs will be met is now in R2's file)  Any resident requiring a greater degree of care than our facility normally provides or is permitted to provide will only be admitted or remain in the facility if a team meeting is convened as required in 7NMAC 8.2.19 Admission - C - Admission/Retention	12-3-07

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A19	<p>Continued From page 5</p> <p>signed and dated by all team members, must be maintained in the resident's record, and must:</p> <p>(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.</p> <p>(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).</p> <p>(c) Be based upon an assessment of the health, safety and well-being of the other facility residents.</p> <p>(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.</p> <p>(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]</p> <p>This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO TO CONVENE A TEAM MEETING FOR 1 OF 6 RESIDENTS (R2) WHO REQUIRES NURSING SERVICES, PRIOR TO ADMISSION TO THE FACILITY. THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT A TEAM MEETING</p>	A19		

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A19	<p>Continued From page 6</p> <p>WAS HELD FOR R2 RESIDING AT THE FACILITY AND IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.</p> <p>BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO TO CONVENE A TEAM MEETING, TO ENSURE THAT THE FACILITY CAN MEET THE HIGH ACUITY HEALTHCARE NEEDS FOR 1 OF 6 RESIDENTS, (R2) REQUIRING NURSING SERVICES. THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT A TEAM MEETING WAS HELD FOR R2 WHO RESIDES AT THE FACILITY AND IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.</p> <p>BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO NOTIFY THE LICENSING AUTHORITY WITHIN FIVE (5) DAYS OF THE COMPLETION OF AN ADMISSION/RETENTION EXCEPTION, REQUIRING NURSING SERVICES FOR 1 OF 6 RESIDENTS (R2).</p>	A19		

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A19	<p>Continued From page 7</p> <p>THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT THE LICENSING AUTHORITY HAD BEEN NOTIFIED OF AN ADMISSION RETENTION/EXCEPTION MEETING FOR R2.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.</p> <p>BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED ENSURE THAT THE NEW MEXICO STATE OMBUDSMAN WAS PART OF THE TEAM MEETING TO DETERMINE APPROPRIATENESS OF PLACEMENT FOR AN ADMISSION/RETENTION EXCEPTION, REQUIRING NURSING SERVICES FOR 1 OF 6 RESIDENTS (R2).</p> <p>THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT AN INTERDISCIPLINARY TEAM MEETING WAS HELD FOR R2 RESIDING IN THE FACILITY AND WHO IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.</p>	A19		

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A19	Continued From page 8  BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION OF AN INDIVIDUALIZED SERVICE PLAN (ISP) (DEVELOPED BY THE INTERDISCIPLINARY TEAM) IDENTIFYING THE RESIDENT'S SPECIFIC NEEDS AND ADDRESSING THE MANNER IN WHICH SUCH NEEDS WILL BE MET FOR 1 OF 6 RESIDENTS (R2). THE FINDINGS ARE:  DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION OF AN INDIVIDUALIZED SERVICE PLAN FOR R2 WHO RESIDES AT THE FACILITY AND IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.	A19		
A23	7 NMAC 8.2.23 FAC. REPORTS, RECS., P & PS & RULES  7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: 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: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or	A23	A23 - 7 NMAC 8.2.23 FAC Rpt, Recs, P & PS & Rules Sections on Power Failures & Natural Disasters have been added to our facility policies & procedures.	12-26-06

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A23	Continued From page 9 appeals thereto, and complaints. (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. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (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. (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. (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.	A23		

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A23	Continued From page 10  (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. 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	A23		

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A23	Continued From page 11  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 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. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make 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.	A23		

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A23	Continued From page 12  (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: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT EMERGENCY PLANS INCLUDED SECTIONS ON POWER FAILURE AND NATURAL DISASTER. THE FINDINGS ARE:  DURING REVIEW OF THE FACILITY POLICIES AND PROCEDURES, IT WAS NOTED THAT SECTIONS ON POWER FAILURE AND NATURAL DISASTER WERE NOT INCLUDED.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WOULD UPDATE THE POLICY AND PROCEDURE MANUAL WITH THESE SECTIONS.	A23		
A26	7 NMAC 8.2.26 RESIDENT ASSESSMENT  7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident	A26	A26 NMAC 8.2.26 Resident Assessment Resident assessment is now <u>an</u> file An assessment was done by Dr. Pinao & Dr Goodman on Dec 11, 2006 but the facility doesn't get them until the following month	1-3-07

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A26	Continued From page 13 assessment form and at a minimum include the following: <ol style="list-style-type: none"> <li>(1) Cognitive patterns.</li> <li>(2) Communication/hearing patterns.</li> <li>(3) Vision patterns.</li> <li>(4) Physical functioning and structural problems.</li> <li>(5) Continence.</li> <li>(6) Psycho social well-being.</li> <li>(7) Mood and behavior patterns.</li> <li>(8) Activity pursuit patterns.</li> <li>(9) Disease diagnoses.</li> <li>(10) Health conditions.</li> <li>(11) Oral/nutritional status.</li> <li>(12) Oral/dental status.</li> <li>(13) Skin conditions.</li> <li>(14) Medication use.</li> <li>(15) Special treatment and procedures.</li> </ol> <p>D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by:            BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION OF AN INDIVIDUALIZED SERVICE PLAN (ISP) FOR 1 OF 6 RESIDENTS (R2) WHOSE CARE REQUIRES NURSING SERVICES.            THE FINDINGS ARE:             DURING REVIEW OF THE RESIDENT</p>	A26		

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NAME OF PROVIDER OR SUPPLIER  <b>GARLAND HOUSE, LTD (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120</b>		
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A26	Continued From page 14  RECORDS, THERE WAS NO DOCUMENTATION THAT AN INDIVIDUALIZED SERVICE PLAN WAS ON FILE FOR R2 WHO RESIDES AT THE FACILITY AND IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.	A26		
<del>A27</del>	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. (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	A27	<i>A27 - NMAC 8.2.27 Individual Service Plan R2's Individual Service Plan is now on file.</i>	<i>1-03-06</i>

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A27	Continued From page 15 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION OF AN INDIVIDUALIZED SERVICE PLAN(ISP) (DEVELOPED BY THE INTERDISCIPLINARY TEAM) IDENTIFYING THE RESIDENT'S SPECIFIC NEEDS AND ADDRESSING THE MANNER IN WHICH SUCH NEEDS WILL BE MET FOR 1 OF 6 RESIDENTS (R2). THE FINDINGS ARE:  DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT AN INDIVIDUALIZED SERVICE PLAN WAS ON FILE FOR R2 WHO RESIDES AT THE FACILITY AND IS CURRENTLY RECEIVING THE SERVICES OF A HOSPICE NURSING AGENCY.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.	A27		
A34	7 NMAC 8.2.34 RESIDENT RIGHTS  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	A34	A-34 - 7 NMAC 82.34 Physician orders for use of bed rails for R1 & R3 are now in there files.	R-21-06

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A34	Continued From page 16  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. (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	A34		

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A34	Continued From page 17  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 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	A34		

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A34	Continued From page 18 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 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: BASED ON OBSERVATION AND INTERVIEW,	A34			

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A34	Continued From page 19  THE FACILITY FAILED TO PROCURE PHYSICIAN ' S ORDERS FOR THE USE OF BED RAILS FOR 2 of 6 FACILITY RESIDENTS (R1 AND R3). THE FINDINGS ARE:  DURING THE INITIAL TOUR OF THE FACILITY , IT WAS NOTED THAT BED RAILS FOR 2 of 6 FACILITY RESIDENTS (R1 AND R3), WERE AVAILABLE ON THESE RESIDENTS " HOSPITAL TYPE " BEDS.  ON 12/12/06 AT 10:30AM DURING INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT THE BED RAILS WERE AVAILABLE THE PURPOSES OF RESIDENT MOBILITY. THE ADMINISTRATOR ACKNOWLEDGED THAT THERE WAS NO PHYSICIAN ' S ORDER INDICATING THE USE OF THE BED RAILS FOR EITHER RESIDENT.	A34		
<del>A35</del>	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 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.	A35	<i>A35 - 7NMAC 8.2.35 Custodial Drug Permit is now current</i>	<i>1-1-07</i>

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A35	<p>Continued From page 20</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 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</p>	A35		

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A35	<p>Continued From page 21</p> <p>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: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE DOCUMENTATION OF QUARTERLY REVIEWS OF CONSULTANT PHARMACIST. THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE FACILITY RECORDS, IT WAS NOTED THAT THE CONSULTANT PHARMACIST REPORT DUE ON 10/06 WAS NOT ON FILE.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THAT THE CONSULTANT PHARMACIST VISIT HAD NOT TAKEN PLACE IN October 2006.</p>	A35		
A36	<p><del>A35</del> 7 NMAC 8.2.36 MEDICATIONS</p> <p>7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications</p>	A36	<p>A36-7NMAC 8.2.36 Medications</p> <p>Mis transcribed medication of RHIS has been corrected to - takes some of 201 of + every day</p>	12-12-06

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A36	Continued From page 22  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. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: <ol style="list-style-type: none"> <li>(1) Name of resident.</li> <li>(2) Date started.</li> <li>(3) Drug product name.</li> <li>(4) Dosage and form.</li> <li>(5) Strength of drug.</li> <li>(6) Route of administration (e.g. "by</li> </ol>	A36		

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A36	<p>Continued From page 23</p> <p>mouth").</p> <p>(7) How often medication is to be taken.</p> <p>(8) Time taken and staff initials.</p> <p>(9) Dates when the medication is discontinued or changed.</p> <p>(10) The name and initials of all staff administering medications.</p> <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> <p>(1) The resident is capable of determining when the medication is needed.</p> <p>(2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physician's instruction for a PRN medication shall include:</p> <p>(a) Symptoms that might indicate the 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.</p> <p>[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</p>	A36		

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A36	Continued From page 24 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE PROPER TRANSCRIPTION OF MEDICATIONS ADMINISTERED INTO THE MEDICATION ADMINISTRATION RECORD (MAR) FOR 1 OF 6 RESIDENTS (R4). THE FINDINGS ARE:  A. DURING REVIEW OF R4'S MEDICATIONS, IT WAS NOTED THAT R4 TAKES: 50 MG ZOLOFT EVERY DAY.  B. DURING REVIEW OF THE MAR, IT WAS NOTED THAT R4 TAKES: ZOLOFT 100MG EVERY DAY.  C. ON 12/1206 DURING THE EXIT INTERVIEW, SHE CONFIRMED THAT THE MEDICATION WAS MISTRANSCRIBED AND WOULD CORRECT IT.	A36		
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 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. 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. B. All milk, to include dry milk products, shall be Grade A pasteurized. 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.	A38	A36-7NMAC 8.2.38 Food Mgmt ① New grouting & caulking have been applied to all tile surrounding the kitchen sink & all counter tops in kitchen. will be monitored weekly by direct 12-15-06 ② New waste container with cover is in kitchen cabinet under sink 12-13-06	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5609</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>GARLAND HOUSE, LTD (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A38	<p>Continued From page 25</p> <p>D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below.</p> <p>E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days.</p> <p>F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication.</p> <p>G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions.</p> <p>H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use.</p> <p>[7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO ENSURE FOOD</p>	A38		

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NAME OF PROVIDER OR SUPPLIER  GARLAND HOUSE, LTD (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120		
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A38	Continued From page 26  PREPARATION AREAS IN A PROPER CONDITION VIA MAINTENANCE OF GROUT AND CAULK ON THE KITCHEN COUNTER TOP. THE FINDINGS ARE:  DURING TOUR OF THE FACILITY KITCHEN, IT WAS OBSERVED THAT THE TILE GROUT AND CAULKING SURROUNDING THE KITCHEN SINK WAS ERODED, PROVIDING GAPS LARGE ENOUGH FOR FOOD SCRAPS AND OTHER KITCHEN DEBRIS TO COLLECT THEREIN.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WAS UNAWARE OF THE PROBLEM BUT IT WOULD BE ADDRESSED.  BASED ON OBSERVATIONS AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT KITCHEN GARBAGE CAN HAD A FITTED LID. THE FINDINGS ARE:  A. DURING OBSERVATION OF THE FACILITY KITCHEN THROUGHOUT THE COURSE OF THE SURVEY, IT WAS NOTED THAT THE GARBAGE CAN IN USE AT THE TIME DID NOT HAVE A FITTED LID. B. DURING INTERVIEW WITH HOUSEKEEPING STAFF, SHE INDICATED THAT THE KITCHEN TRASH CAN WAS THE UNCOVERED ONE STORED IN THE KITCHEN CABINET UNDER THE SINK.	A38		
A41	7 NMAC 8.2.41 BUILDING CONSTRUCTION  7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions, or alterations to existing buildings are contemplated, plans,	A41	A-41-NMAC 8.2.41 Bldg Constr An updated FS ES is on file. It will be kept current in the future	12-12-06

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NAME OF PROVIDER OR SUPPLIER  <b>GARLAND HOUSE, LTD (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A41	Continued From page 27  code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility. (3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents. (4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE	A41		

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A41	Continued From page 28  FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability. (5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided: (a) The facility was in compliance with codes and standards at the time of initial licensure. (b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff. (c) The facility maintains prompt evacuation capabilities. B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses. C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner. (1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation. (2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system.	A41		

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A41	Continued From page 29  (3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system. D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following: (1) Main entry into the facility must provide wheelchair access. (2) Building must allow access to main living area and dining area. (3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. (4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch diameter clear space (turning radius for a wheelchair). (5) If ramps are provided to the building, a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails. (6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering. E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for	A41		

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A41	<p>Continued From page 30</p> <p>any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT FIRE SAFETY EVACUATION RATINGS (FSES) FOR RESIDENTS AND RESULTANT EVACUATION SCORE FOR THE FACILITY WAS UP TO DATE FOR 6 OF 6 RESIDENTS (R1, R2, R3, R4, R5 AND R6). THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE FACILITY RECORDS, IT WAS NOTED THAT NOTED THAT THE FSES ON FILE, DID NOT CORRESPOND WITH THE CURRENT RESIDENTS OF THE FACILITY.</p> <p>ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WAS AWARE THAT THE FSES FOR RESIDENTS NEEDED TO BE MORE CURRENT.</p> <p>BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT FIRE SAFETY EVACUATION RATINGS (FSES) EVACUATION SCORE FOR THE FACILITY WAS CURRENT FOR 6 OF 6 RESIDENTS (R1, R2, R3, R4, R5 AND R6). THE FINDINGS ARE:</p> <p>DURING REVIEW OF THE FACILITY RECORDS, IT WAS NOTED THAT NOTED</p>	A41		

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A41	Continued From page 31  THAT THE FSES ON FILE, DID NOT CORRESPOND WITH THE CURRENT RESIDENTS OF THE FACILITY AND AS A RESULT, THE EVACUATION RATING WAS NOT ACCURATE.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WOULD UPDATE THE FSES SCORE FOR THE FACILITY.	A41		
<u>A43</u>	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS  7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO ENSURE PROPER MAINTENANCE OF GROUT AND CAULK ON	A43	<i>A43 - 7 NMAC 8.2.43 Maintenance of Bldg &amp; Grounds  New grouting &amp; caulking have been applied to all tile surrounding the kitchen sink &amp; all counter tops in kitchen. Above will be maintained weekly by directors.</i>	

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A43	Continued From page 32  THE KITCHEN COUNTER TOP. THE FINDINGS ARE:  DURING TOUR OF THE FACILITY KITCHEN, IT WAS OBSERVED THAT THE TILE GROUT AND CAULKING SURROUNDING THE KITCHEN SINK WAS ERODED, PROVIDING GAPS LARGE ENOUGH FOR FOOD SCRAPS AND OTHER KITCHEN DEBRIS TO COLLECT THEREIN.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WAS UNAWARE OF THE PROBLEM.	A43		
<u>A59</u>	7 NMAC 8.2.59 FIRE CLEARANCE AND INSPECTIONS  7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00]	A59	<del>A59 - NMAC 8.2.59 Fire clearance &amp; Inspections Have called fire dept. requesting an inspection. They said they will be inspect the facility soon. For verification of the above call</del>  A current Fire Inspection Report is now on file 1-3-06	

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A59	Continued From page 33  This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO KEEP ON FILE A CURRENT FIRE INSPECTION REPORT. THE FINDINGS ARE:  DURING REVIEW OF FACILITY RECORDS, IT WAS NOTED THAT THE FIRE INSPECTION REPORT ON FILE WAS DATED 10/15/03.  ON 12/12/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE STATED THAT SHE WAS AWARE THAT THE INSPECTION WAS OUTDATED.	A59		