

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5533</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BONNEY HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 EAST HILL AVENUE GALLUP, NM 87301</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
A17	<p>7 NMAC 8.2.17 Personnel</p> <p>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:</p> <p>A. Qualifications for all professional and non-professional disciplines.</p> <p>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.</p> <p>C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.</p> <p>D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions.</p> <p>[4-7-97; 7.8.2.17 NMAC - Rn &amp; A, 7 NMAC 8.2.17, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17 - Training</p> <p>Based on record review and interview, the facility failed to have required staff training for 100% of sampled staff.</p> <p>The findings are:</p>	A17 <i>Scanned 2/11/3/09</i>	<p>Page 1 A 17</p> <ol style="list-style-type: none"> <li>1. The documentation of orientation, Fire Safety, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident's Rights, Reporting Requirements for Abuse, Neglect and Exploitation training for staff members has been placed in their chart.</li> <li>2. An audit will be done of all employees to insure that all documentation is in place.</li> <li>3. The manager will monitor these audits quarterly to insure that they are done at the time of employment and quarterly for 6 months and then semi-annual thereafter.</li> <li>4. This will be completed on J</li> <li>5. January 31, 2009.</li> </ol>	

Division of Health Improvement

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

STATE FORM



TITLE

Director (X6) DATE

*Thomas Bonney* 2/10/09

6899 PYV11

If continuation sheet 1 of 19

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A17	Continued From page 1  A. On 11/3/08 at 1:00 PM, record review revealed no documentation of orientation, Fire Safety, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation training for staff members for the current calendar year.  B. On 11/3/08 at 1:00 PM during an interview with the manager, she acknowledged that no documentation of the trainings were available.	A17	Page 2 A 217  1. An audit of the Resident's Charts found that the Forms for bed hold policy were in each residents chart. A copy is attached for each of the three residents surveyed. A new form for the acknowledgement of the program narrative has been developed and each resident has signed it and it is in place in their folders.  2. The new form has been added to the new resident package and will be included in each new admission.  3. The manager will monitor new admission to insure that all documents are signed and in place.  4. This will be completed by January 31, 2009.	
A21	7 NMAC 8.2.21 Admission Records  7.8.2.21 ADMISSION RECORDS: A. In addition to the resident record requirements, the facility must maintain for each resident, the following: B. The resident's written acknowledgement that the facility, prior to or at the time of admission, provided the resident with, and answered any resident questions regarding: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and 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. Such law includes: Uniform Health Care Decisions Act, Section 24-7A-1 et. seq., NMSA 1978, as amended; New Mexico Durable Power of Attorney for Health Care Decision, Section 45-5-501, et. seq., NMSA 1978, as amended; New Mexico Living Will and Declaration under the Right to Die Act Section 24	A21		

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A21	Continued From page 2  -7-1 et seq., NMSA 1978, as amended. [4-7-97; 7:8;2:21 NMAC - Rn, 7.NMAC 8.2.21, 8-31-00]  This REQUIREMENT is not met as evidenced by: 7.8.2.21(B) - Admission Documents  Based on record review and interview, the facility failed to ensure that resident records contained all the required elements for 3 of 3 sampled residents (#1-3).  The findings are:  A. On 11/3/08 at 1:00 PM, during review of resident records, it was noted that the following documentation was not included in the file of residents: 1. Written acknowledgement of the program narrative - Resident #1-3 2. Bed hold policy - Resident #2-3  B. On 11/3/08 at 2:30 PM, during interview with the manager, she acknowledged that this documentation was not present.	A21	Page 3 A 21  1. We audited Resident #1-3 and the forms for program narrative have been placed in each chart. We also audited Resident #2 & 3 for bed hold policy to make sure that the forms are placed in a proper section of the chart.  2. All resident's charts have been audited and documented for.  3. The manager will audit the resident's chart every 90 days for six months then every six months thereafter.  4. This will be completed by January 31, 2009.	
A36	7 NMAC 8.2.36 Medications  7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws.  A. Licensed health care professionals are responsible for the administration of medications.  B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment	A36		

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A36	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.</p> <p>E. Medications prescribed for one resident shall not be used for another resident.</p> <p>F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:</p> <ol style="list-style-type: none"> <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 mouth").</li> <li>(7) How often medication is to be taken.</li> <li>(8) Time taken and staff initials.</li> <li>(9) Dates when the medication is discontinued or changed.</li> <li>(10) The name and initials of all staff administering medications.</li> </ol> <p>G. Any medications removed from the pharmacy container or blister pack must be given</p>	A36	
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A36	Continued From page 4  immediately and documented by the person assisting. 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: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physician's instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 - Medications  Based on observation, record review and interview the facility failed to follow physician orders for 1 of 3 resident medications reviewed.	A36	Page 5 A 36  1. An audit of the Resident's # 1 Chart revealed that the Physician's order for the medication Ferrous Sulfate 325 mg is ordered 1 tablet once a day. The error was made at the Pharmacy. The manager contacted the Pharmacist regarding this error on the container. The Pharmacy recognized the problem and they are taking measures to correct this problem.  2. An audit of all resident's charts has been done and will be done monthly when new MAR's are issued.  3. The manager will monitor the physician's order to insure that change and correct dosages are up to date each month.  4. This will be completed by January 31, 2009.	

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A36	<p>Continued From page 5</p> <p>The findings are:</p> <p>A) On 11/03/08 at 2:15 PM during an audit of Resident #1's medications, it was noted that the MAR (medication administration record) read Ferrous Sulfate 325 mg 1 tablet per day; observation of the physical medication container read Ferrous Sulfate 1 tablet twice a day; no order for this medication was among the documentation found in the residents file to clarify the regimen.</p> <p>B) On 11/03/08 at 2:40 PM during interview with the manager, she acknowledged the discrepancy and absence of physician orders.</p> <p>Refer to 7.8.2.36 (C) - Medications</p> <p>Based on observation, record review and interview the facility failed to follow physician orders for 1 of 3 resident medications reviewed.</p> <p>A) On 11/03/08 at 2:25 during an audit of Resident #2's medications it was noted that the following medication were not given to Resident #2 as ordered by physician:</p> <ol style="list-style-type: none"> <li>1) Alprazolam, 1 tab at bedtime - not given November 1, 2 or 3, 2008</li> <li>2) Terazosin HCL, 5 mg, 1 cap at bedtime - not given November 2 and 3, 2008</li> <li>3) Metoprolol Tartrate 50 mg, 1/2 tab twice a day - not given 11-2-08, AM and 11-3-08, AM and PM</li> <li>4) Xalatin .005%, each eye at bedtime - not given November 2 and 3, 2008</li> <li>5) Simvastatin 80 mg 1/2 tab at night - not given November 2 and 3, 2008</li> </ol>	A36	<p>Page 6 A 36</p> <ol style="list-style-type: none"> <li>1. An audit of the Resident's MAR revealed that the medication was given to the residents' and the medication tech forgot to sign off for the medication that was given. She has then corrected this oversight.</li> <li>2. A training on the importance of signing off for medication immediately will be scheduled and all employees are required to attend.</li> <li>3. The manager will monitor the results of the training monthly for 3 months, the semi-annually thereafter.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	

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A36	<p>Continued From page 6</p> <p>6) Cyanocobalamin 1000 mcg 2 tabs per day - not given November 2, 2008</p> <p>B) On 11/03/08 at 2:40 PM during interview with the manager, she acknowledged that the resident may have been out of some medications.</p> <p>Refer to 7.8.2.36 ( F ) 10 - MAR</p> <p>Based on record review and interview the facility failed to ensure all MAR's included staff signatures in accordance with state and federal laws.</p> <p>A) On 11/03/08 at 2:30 PM during review of resident MARs it was noted that Staff #1 and Staff #2 had not signed the MAR with their full signature to correspond with their initials found on the MAR.</p> <p>B) On 11/03/08 at 2:30 PM during interview with Staff #1, she stated that she did not know and that no one had told her she had to sign the resident MARs.</p>	A36	<p>Page 7 A 36</p> <ol style="list-style-type: none"> <li>1. An audit of the Resident's MAR revealed that the medication was given to the residents' and the medication tech forgot to sign off for the medication that was given. She has then corrected this oversight.</li> <li>2. A training on the importance of signing off for medication immediately will be scheduled and all employees are required to attend.</li> <li>3. The manager will monitor the results of the training monthly for 3 months, the semi-annually thereafter.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	
A43	<p>7 NMAC 8.2.43 Maintenance of Building &amp; Grounds</p> <p>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:</p> <p>A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition,</p>	A43		

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A43	<p>Continued From page 7</p> <p>including regular inspections of these systems, (as applicable):</p> <p>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.</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>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: Refer to 7.8.2.43(A, B and D) - Maintenance of Building</p> <p>Based on observation and record review, the facility failed to ensure that the building was maintained in good repair. The findings are:</p> <p>A. On 11/3/08 at 12:00 PM during a tour of the facility, the following was noted -the light fixture on the kitchen ceiling had an exposed light bulb and no covering -the chest freezer located in the laundry room was fitted with duct tape along the area between the lid and the chest portion -kitchen tile in front of the sink was breached</p> <p>B. On 11/3/08 at 12:31 PM during review of the facility records, it listed that that the Environment Department discovered and noted "repeat" issues during their inspection of the facility on 7/31/08. The report listed the following -the light fixture on the kitchen ceiling had an exposed light bulb and no covering -the chest freezer located in the laundry room was fitted with duct tape along the area between</p>	A43	<p>Page 8 A 43</p> <ol style="list-style-type: none"> <li>1. An inspection of the building found that the light fixture has never had a cover for 16 years. We will hire an electrician to replace the complete fixture with one with a cover. There were two freezers at the time of the inspection. The one with the problem has been removed.</li> <li>2. The manager has hired a maintenance person to check all the appliances in the facility, to insure that it is working properly.</li> <li>3. The manager will insure that inspection is done annually to maintain the appliances in good condition..</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	

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A43	Continued From page 8  the lid and the chest portion -kitchen tile in front of the sink was damaged -no sanitizing test strips (were available)	A43		
A48	7 NMAC 8.2.48 Lighting & Lighting Fixtures  7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting. C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]  This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.48 - Lighting	A48		

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A48	Continued From page 9  Based on observation and record review, the facility failed to ensure that all areas of the facility were lighted for clear visibility. The findings are:  A. On 11/3/08 at 12:00 PM during a tour of the facility, the following was noted regarding the lighting of the building: -The kitchen fixture did not have a covering -The lights in the upstairs hallway did not light when tested -The bathroom vanity equipped with 4 bulb slots had only one (1) bulb -The light fixtures at the top of the stairway leading to the ground floor did not light when tested. -The light fixtures in the ground floor hallway did not light when tested -The ground floor kitchens and vacant bedroom lights did not light when tested  B. On 11/3/08 at 12:35 PM during review of the facility records, it listed what the local fire authority observed with regard to facility lighting during their inspection of the facility on 10/27/08. The report listed the following: -Emergency lights not working at (top of) stairway -Emergency lights not working at the hallway downstairs	A48	Page 10 A 48  1. An inspection of the building found that the light fixture needed replacement bulbs. Those bulbs have been replaced in all areas.  2. The manager and the staff members will conduct monthly inspections to make sure that the light fixtures and bulbs are replaced in a timely manner.  3. The manager will insure that inspection is done annually and the repairs are done as needed.  4. This will be completed by January 31, 2009.	
A56	7 NMAC 8.2.56 Toilet & Bathing Facilities  7.8.2.56 TOILET AND BATHING FACILITIES: A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit must be provided for every eight (8) residents or fraction thereof. Each facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. B. The combination type tub and shower is permitted.	A56		

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A56	<p>Continued From page 10</p> <p>C. toilets, tubs, and showers must be provided with grab bars.</p> <p>D. If a facility has live in staff, a separate toilet, sink, and bathing facility must be provided. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a separate toilet, sink, and bathing facility for live in staff.</p> <p>E. Tubs and showers must have a slip resistant surface.</p> <p>F. Toilet, sink, and bathing facilities must be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bath, or sink facility is permitted.</p> <p>G. All facilities must have a minimum of one (1) toilet and bathing facility which meets requirements for the disabled. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a toilet and bathing facility which meets requirements for the disabled.</p> <p>H. Toilet paper and soap must be provided in each toilet room.</p> <p>I. The use of a common towel is prohibited.</p> <p>J. Bathrooms and lavatories must be cleaned as often as necessary to maintain a clean and sanitary condition. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.56 NMAC - Rn, 7 NMAC, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.56(C) - Grab bars</p> <p>Based on observation, the facility failed to ensure that functional grab bars were available for a shower tub combination bathroom for one facility bathroom. The findings are:</p> <p>A. On 11/3/08 at 12:00 PM and throughout the</p>	A56	<p>Page 11 A 56</p> <ol style="list-style-type: none"> <li>1. A Plumber has been called to come out and replace the screws holding the grab bar to keep it from detaching from the wall.</li> <li>2. An inspection of the building will be done monthly to insure that repairs are made as needed.</li> <li>3. The manager will conduct future inspections and make sure that repairs are done in a timely manner.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	

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A56	Continued From page 11  course of the survey, it was noted that grab bars in the tub were detaching from the wall nearest the tub drain.	A56		
A59	<p>7 NMAC 8.2.59 Fire Clearance &amp; Inspections</p> <p><b>7.8.2.59 FIRE CLEARANCE AND INSPECTIONS:</b></p> <p>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.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.59 - Fire Clearance and Inspections</p> <p>Based on observation and record review, the facility failed to ensure that issues noted by local Fire Authority during annual inspection were complied with. The findings are:</p> <p>A. On 11/3/08 at 12:00 PM during a tour of the facility, the following was noted - facility fire extinguishers inspections were</p>	A59		

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A59	Continued From page 12  expired -Emergency lights not working at (top of) stairway -Emergency lights not working at the hallway downstairs -No smoke detector in the downstairs storage room  B. On 11/3/08 at 12:35 PM during review of the facility records, it listed what the local fire authority observed during their inspection of the facility on 10/27/08. The report listed the following: -Extinguishers: expired -Emergency lights not working at (top of) stairway -Emergency lights not working at the hallway downstairs -Recommendation to install a smoke detector in the downstairs storage room	A59	Page 13 A 59  1. The fire extinguishers have been updated on December 15, 2008. The emergency lights have been replaced upstairs stairway and downstairs hallway and also a smoke detector will be added to the downstairs storage area.  2. An inspection of the facility will be done monthly and repairs ordered in a timely manner.  3. The manager will conduct semi-annually inspections and make sure that repairs of the extinguishers, emergency lights and the light bulbs are replaced in a timely manner.  4. This will be completed by January 31, 2009.	
A62	7 NMAC 8.2.62 Fire Extinguishers  7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00]	A62		

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A62	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.62 - Fire Extinguishers</p> <p>Based on observation and record review, the facility failed to ensure that fire extinguishers were inspected and tagged as required. The findings are:</p> <p>A. On 11/3/08 at 12:00 PM during a tour of the facility, the following was noted - facility fire extinguishers inspections were dated 3/07.</p> <p>B. On 11/3/08 at 12:35 PM during review of the facility records, it listed what the local fire authority observed during their inspection of the facility on 10/27/08. The report listed the following: -Extinguishers: expired.</p>	A62	<p>Page 14 A 62</p> <ol style="list-style-type: none"> <li>1. The fire extinguishers have been updated on December 15, 2008.</li> <li>2. All fire extinguishers will be inspected and repaired as required.</li> <li>3. The manager will conduct semi-annually inspections and make sure that the fire extinguishers are repaired in a timely manner.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>
A66	<p>7 NMAC 8.2.66 Related Regulations &amp; Codes</p> <p>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:</p> <p>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96).</p> <p>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96).</p> <p>C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [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]</p> <p>This REQUIREMENT is not met as evidenced</p>	A66	

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A66	<p>Continued From page 14</p> <p>by: Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry prior to offer of employment to applicants.</p> <p>Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked prior to offer of employment for 1 of 1 staff. (Staff #1).</p> <p>The findings are:</p> <p>A. On 11/3/08 at 2:00 PM during review of the employee files it was noted that Staff #1 did not have documentation in their files of search on the EAR database using the individual's identifying information.</p> <p>B. On 11/3/08 at 2:00 PM during interview with the manager, she acknowledged the issue.</p> <p>Refer to NMAC 7.1.13.9(B)(2) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Reporting Requirements using Division Incident Report Form</p> <p>Based on record review and interview, the facility failed to ensure that the most current incident reporting form was available for use by staff of the facility.</p>	A66	<p>Page 15 A 66</p> <ol style="list-style-type: none"> <li>1. For each new employee the EAR data base will be checked before employment of that employee.</li> <li>2. All employees' folders will be audited and documentation will be added in the folders.</li> <li>3. The manager will monitor the hiring of employees and will insure that all documentation will be placed before employment. The manager has contacted this web site several times by computer and by phone to get access with no results. Manager will continue to contact them until she has access to the web site.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>

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A66	Continued From page 15  The findings are:  A. On 11/3/08 at 2:30 PM during review of the administrative files, it was noted that the required form for documentation for abuse, neglect and exploitation, and reporting requirements was not among facility paperwork.  B. On 11/3/08 at 2:30 PM during interview with the manager, she acknowledged the documentation was not present.  Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident Reporting; Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents.  Based on record review and interview, the facility failed to ensure training on Incident Management System with the required curriculum for 100% of staff.  The findings are:  A. On 11/3/08 at 2:00 PM during review of the employee files it was noted that the required training documentation for abuse, neglect and exploitation, and reporting requirements for NMAC 7.1.13 for the fiscal year 2009 was not among administrative paperwork.	A66	Page 16 A 66  1. A curriculum will be obtained from the incident management report web site and the training session will be scheduled on January 20, 2009 and all employees will be required to attend the training.  2. The employees' folders will be audited to ensure that the documentation of this training is in place.  3. The manager will monitor all training documentation and ensure that the folders are kept up to date.  4. This will be completed by January 31, 2009.	

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A66	<p>Continued From page 16</p> <p>B. On 11/3/08 at 2:00 PM during interview with the manager, she acknowledged that the documentation of the training was not present.</p> <p>Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents.</p> <p>Based on record review and interview, the facility failed to ensure that a curriculum based on Incident Reporting, Intake, Processing and Training Requirements was available for review. This affects 100% of staff.</p> <p>The findings are:</p> <p>A. On 11/3/08 at 2:00 PM during review of the employee files it was noted the following required training documentation was missing:</p> <p>- NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with dates of training for the 2009 fiscal year.</p> <p>B. On 11/3/08 at 2:00 PM during interview with the manager, she acknowledged the curriculum was not available.</p>	A66	<p>Page 17 A 66</p> <ol style="list-style-type: none"> <li>1. For each new employee the documentation for Incident Reporting, Intake, Processing and Training Requirement will be included in the facilities paper work.</li> <li>2. A training session will be scheduled for all employees and each employee's orientation will be updated to include this. The curriculum will be available for review.</li> <li>3. The manager will monitor these trainings and ensure that they are scheduled in a timely manner.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	



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A66	<p>Continued From page 18</p> <p>Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet</p> <p>Based on record review and interview, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 4 of 4 of sampled resident files.</p> <p>The findings are:</p> <p>A. On 11/3/08 at 1:00 PM during review of resident files, it was noted that none of the files reviewed had documentation of notification to family members/guardians regarding incident reporting.</p> <p>B. On 11/3/08 at 2:00 PM during interview with the manager, she acknowledged the documentation was not present.</p>	A66	<p>Page 19 A 66</p> <ol style="list-style-type: none"> <li>1. The facility will update the incident report form to include notification of the family members, the date, and the time of the incident.</li> <li>2. A training session has been scheduled for all employees to ensure that they know the correct procedure.</li> <li>3. The manager will monitor these trainings and ensure that the family members are informed in a timely manner.</li> <li>4. This will be completed by January 31, 2009.</li> </ol>	