DESERT PEAKS
ASSISTED LIVING & MEMORY CARE

Guided by goodness, loyalty, faith, and fun

July 5, 2021

Division of Health Improvement
Review Office
2040 S. Pacheco St., 2nd Floor, Room 202
Sante Fe, NM 87505

Re: POC for Survey Completed 12/01/2020 at Facility 2266

To Whom It May Concern:

Thank you for your patience during the pandemic. The Plan of Correction for the Desert Peaks Survey on 12/01/2020 is attached.

If you have any questions or additional concerns, please do not hesitate to call.

Sincerely,

Patricia Woelke
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2266	A. BUILDING: _____ B. WING _____	C 12/01/2020

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DESERT PEAKS ASSISTED LIVING AND MEMORY CA	5525 COTTONBLOOM COURT LAS CRUCES, NM 88005

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A 000	Initial Comments The following deficiencies were cited during an offsite complaint survey completed on 11/30/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint #NM43685 was unsubstantiated with deficiencies cited.	A 000	A 000. This survey and record review resulted in an internal review of Desert Peaks policies and procedures. The following POC has been implemented.	
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste	A 022		

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A 022	Continued From page 1 disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and	A 022		

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A 022	Continued From page 2 personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.);	A 022		

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A 022	Continued From page 3 (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating	A 022		

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A 022	Continued From page 4 alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.22 B (2) Based on record review and interview the facility failed to ensure that employee files including documentation of disciplinary actions and reasons for involuntary terminations were maintained onsite and available to review. This deficient practice could likely result in the 29 (R #s 1-29) residents identified on the resident census list, provided by the Administrator on 10/19/20 to be at risk of harm and/or exploitation if the employee records are not available for review and there is no oversite by the Licensing Authority. The findings are: A. Record review of Complaint Intake #43685 dated 03/17/20 revealed, that the complainant reported that a Former Direct Care Staff (FDCS #1) had exploited/misused R #1's monies/credit cards for personal use. B. Record review of FDCS #1 Employee Information Sheet dated 01/15/20 revealed that FDCS #1 was involuntarily terminated of 01/03/20 and there was no documentation of any disciplinary actions and no reason as to why she was terminated. C. Record review of FDCS #1's Employee file revealed, no documentation of the reason why	A 022	A 022 Since the arrival ot the current Administrator in July 2020, there have been no additional complaints or concerns regarding exploitation of or misuse of resident funds. B. The Administrator began a review of staff records and documentation that had not been apporpriately fined. The review and filing of accumulated documents was completed 03/31/21. Business service Director and Administrator will review employee files on the anniversary date and wtihin 2 weeks of termination to verify all documents are scanned into the electronic payroll system. C. Desert Peaks implemented a new Payroll/	12/03/2020 03/31/21 02/28/21

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A 022	Continued From page 5 FDCS #1 was involuntarily terminated on 01/03/20. D. On 10/28/20 at 12:21 pm, during an interview with the Administrator, she confirmed that FDCS #1 was involuntarily terminated on 01/03/20. The Administrator stated that she was not working at the facility at the time of the incident and has no 1st hand knowledge of the incident or why FDCS #1 was terminated. The Administrator also stated that she has been unable to find any documentation as to why FDCS #1 was terminated and/or disciplinary forms related to her termination. E. On 11/02/20 at 12:27 pm, during an interview with a Corporate Representative, he stated that he only has indirect information of the incident where FDCS #1 allegedly exploited/misused R #1's personal funds, is aware that FDCS #1 was involuntarily terminated, but does not know the reason why. F. On 11/19/20 at 4:50 pm, during an interview with the Former Administrator, she stated that the reason why FDCS #1 was termination was because she was not doing her job duties, insubordination, and being in staff faces. This was well documented and should have been in her employee file. G. On 12/01/20 at 3:30 pm, during an interview with the Administrator she confirmed that there was no documentation of disciplinary actions or reason for FDCS #1's termination were found and available for review during the survey.	A 022	C. continued from page 5. Time Clock program. Documentation of conversations, disciplinary actions and training are scanned into employees' files as they are created. D. At the time of the call, the current Administrator had not been ble to locate documentation. Documentation of termed employees has been reorganized and is currently accessible. E. As noted above, the employee discipline documentation is currently being scanned into the payroll system as the documentation is created. F. The documentation the former Administrator completed was unavailable to the current Administrator. This situation will be less likely going forward as termination documentation is currently scanned into employee files as it is created. G. At the time of the call, this Administrator had not been able to locate the documentation. The archive of termed employee files has been reorganized and termed files are currently accessible. Current documentation is scanned as it is created.	03/31/21 02/28/21 02/28/21 03/31/21 02/28/21
A 032	7 NMAC 8.2.32 Reporting of Incidents	A 032		

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A 032	Continued From page 6 REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) Based on record review and interview the facility	A 032		

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A 032	Continued From page 7 failed to ensure for 1 (R #1) of 1 (R#1) resident that an incident of alleged exploitation and monies/credit cards were misappropriated by an former employee was reported to the Licensing Authority within 24 hours or the next business day if a holiday or a weekend. This deficient practice could likely result in an increased risk of residents being exploited and having their monies/credit cards misappropriated by facility employees, if the incident is not reported and there is no oversite by the Licensing Authority. The findings are: A. Record review of the facility Incident Report Log dated 11/20/19 thru 01/29/20 revealed no documentation that an internal report was completed regarding the alleged exploitations and misappropriation of R #1's monies and credit cards. There was no documentation that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or a weekend. B. On 11/19/20 at 4:50 pm, during an interview with the Former Administrator. she stated that when the [redacted] reported that there was money missing from [redacted] and unauthorized charges on their credit cards, she and another Manager interviewed the entire staff. She stated that there was not any evidence found that FDCS #1 or any other staff member had taken the money or misused the resident's credit cards. The Former Administrator stated she took the allegation very seriously and advised the [redacted] to file a police reports. She stated she took extensive notes and they should be in the file. She also stated that she could not remember if she filed a report with the Licensing Authority or not.	A 032	A. Incident Reporting requirements and the community's Incident Report forms were reviewed at a staff meeting on 09/10/20 and reviewed a second time at the staff meeting on 02/10/21. The review included the importance of completing the entire form, including the area documenting each person and entity notified of the incident. B. The current Administrator consistently scans documentation regarding concerns into employee files as they are created.	02/10/21 02/28/21

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A 032	Continued From page 8 C. On 12/01/29 at 3:30 pm, during an interview with the Administrator, she confirmed that there was no documentation found that the allegation of exploitation and misappropriation of R #1's monies and credit cards was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend.	A 032	C. The current Administrator and the Wellness Director often conduct incident investigations together. The investigation forms are kept in residents' electronic files. The Wellness Director is staff member completing most reports to the Licensing Authority.	01/15/21