

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5881	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2009
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NAME OF PROVIDER OR SUPPLIER CASA CONTENTA ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124
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(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 & 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(C) - Required On Going Staff Training</p> <p>Based on record review and interview, the facility failed to ensure ongoing training for 2 of 7 facility employees.</p>	A17		

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A17	<p>Continued From page 1</p> <p>The findings are:</p> <p>A. On 3/3/09 during review of the facility records, it was noted that there was no documentation of current required training for Staff #1 & #2 for the following:</p> <ol style="list-style-type: none"> 1. Fire Safety 2. Safe Food Handling 3. Confidentiality of Records 4. Infection Control 5. Resident Rights 6. Providing Quality Resident Care based on current resident needs - 7. First Aid <p>B. On 3/3/09 during interview with owners, both acknowledged the training has not been done.</p>	A17		
A66	<p>7 NMAC 8.2.66 Related Regulations & 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> <ol style="list-style-type: none"> A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [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>This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.1.12.8(a) Employee Abuse</p>	A66		

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A66	<p>Continued From page 2</p> <p>Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry whether the individual under consideration for employment is listed on the registry.</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 3 of 7 current employees.</p> <p>The findings are:</p> <p>A. On 3/3/09 during review of employee records, it was noted that employed staff did not have documentation on file that search of the EAR database using the individual's identifying information was checked prior to hire, as required, for Staff #3, #4 and #5.</p> <p>B. On 3/3/09 during interview with the owners, both acknowledged that documentation showing the EAR was checked prior to hire was not available.</p> <p>Refer to NMAC 7.1.9.8 (A)- Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - All applicants to whom an offer of employment is made must consent to a nationwide and statewide screening. A Care Provider's failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose</p>	A66		

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A66	<p>Continued From page 3</p> <p>appropriate administrative sanctions and penalties.</p> <p>Based on record review and interview, the facility failed to have documentation that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 3 of 7 employees (Staff #1, #2, and #5).</p> <p>The findings are:</p> <p>A. On 3/3/09 during review of employee records, it was noted that Staff #1 with a hire date of 10-2002, Staff #2 with a hire date of 10-2002, and Staff #5 with a hire date of 5-2007 did not have documentation on file of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the current facility of employment and conducted subsequent to hire within the required timeframe.</p> <p>B. On 3/3/09 during an interview with the owners, both acknowledged that the documentation was not available.</p> <p>Refer to NMAC 7.1.13.10(B) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train employees annual.</p> <p>Based on record review and interview, the facility failed to ensure required training was conducted</p>	A66		

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A66	<p>Continued From page 4</p> <p>within the time frames set in accordance with regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 2 of 7 sampled employees.</p> <p>The findings are:</p> <p>A. On 3/3/09 during review of personnel files, it was noted the following required training documentation was not among administrative paperwork for Staff #1 and #2.</p> <p>-Incident Management 2009 Annual Training</p> <p>B. On 3/3/09 during interview with the owners, both acknowledged that documentation of the training was not available.</p>	A66		