

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALL-CARE ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 YORK DRIVE CLOVIS, NM 88101</b>	
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A23	<p>7 NMAC 8.2.23 Fac, reports, Recs., P &amp; RS &amp; Rules</p> <p>7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES:</p> <p>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:</p> <p>(1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports.</p> <p>(2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints.</p> <p>(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.</p> <p>(4) TB test results of staff or any of their family members living in the facility.</p> <p>(5) One (1) month of menus planned and as served.</p> <p>(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.</p> <p>(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural</p>	A23	<p><i>All-Care has monthly meetings discussing most topics listed in 7.8.2.23. We also have staff training as on going staff education. We will make a conscientious effort to do additional yearly annual review mtg. for each employee. Enclosed Form.</i></p> <p><i>MCR</i></p> <p><i>Scanned 9/30/08 CP.</i></p>

Division of Health Improvement

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

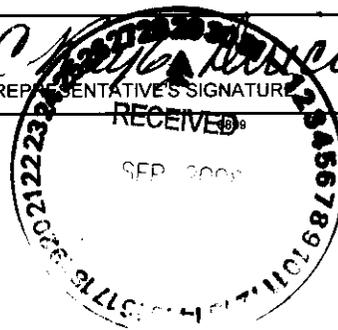
*Mayra C. [Signature]*

TITLE

*9/22/08*

(X6) DATE

STATE FORM



278F11

If continuation sheet 1 of 8

Division of Health Improvement

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A23	<p>Continued From page 1</p> <p>disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel.</p> <p>(8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC).</p> <p>(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.</p> <p>(10) Vaccination of pets in the facility.</p> <p>(11) Staff training.</p> <p>(a) At orientation and on-going.</p> <p>(b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...)</p> <p>(c) Fire safety.</p> <p>(d) First aid.</p> <p>(e) Safe food handling practices.</p> <p>(f) Confidentiality of records and resident information.</p> <p>(g) Infection control (including universal precautions and linen handling).</p> <p>(h) Resident rights.</p> <p>(i) Providing Quality Resident care based on current resident need.</p> <p>(j) Reporting requirements for Abuse, Neglect or Exploitation.</p> <p>(12) A copy of License.</p> <p>(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.</p> <p>(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.</p> <p>(15) A copy of the floor plans as approved for licensure.</p>	A23	

Division of Health Improvement

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A23	Continued From page 2  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: <ul style="list-style-type: none"> <li>(1) The use of tobacco and alcohol.</li> <li>(2) The use of the telephone.</li> <li>(3) Operation of television, radio, and stereo.</li> <li>(5) Use and safekeeping of personal property.</li> <li>(6) Meals.</li> <li>(7) Use of common areas.</li> <li>(8) Electric blankets or appliances used by residents.</li> </ul> C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas: <ul style="list-style-type: none"> <li>(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).</li> <li>(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).</li> <li>(3) The handling or resident's funds, if the facility provides such services.</li> <li>(4) Reporting of incidents, including abuse, neglect, and exploitation.</li> <li>(5) Handling of complaints.</li> <li>(6) Staff and resident fire and safety training.</li> <li>(7) Smoking.</li> <li>(8) The facility's bed hold policy.</li> <li>(9) Admission agreement.</li> <li>(10) Admission records.</li> <li>(11) Resident records.</li> <li>(12) Program Narrative.</li> <li>(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make</li> </ul>	A23			

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A23	Continued From page 3  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. (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: .8.2.23 A. (11)(a-j)  Based on records review and interview, the facility failed to maintain documentation of ongoing training 2 of 2 sampled staff, (S #1 and S #2). The findings are:  A. Review of training records on 09/15/08, revealed no ongoing (annual) training for 2 of 2 sampled staff, S #1 and S #2, in fire safety; first aid; safe food handling; confidentiality of records and resident information; infection control; resident rights; providing quality resident care based on current resident need; reporting requirements for abuse, neglect, or exploitation.	A23	

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A23	Continued From page 4  B. During an interview with the administrator on 09/15/08 at 1:10 pm she confirmed that no ongoing annual training had been done.	A23	
A46	<p>7 NMAC 8.2.46 Water</p> <p>7.8.2.46 WATER:</p> <p>A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries.</p> <p>B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority.</p> <p>C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2. 46 (C) - Water</p> <p>Based on observation and interview, the facility failed to maintain the hot water temperature accessible to residents at minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit.</p>	A46	<p><i>All-Care's water has been reduced to fall within required temperatures 95°-110°. We will again go back to a posted Water temperature Monthly log.</i></p> <p><u>Enclosed Form</u></p> <p><i>MCR</i></p>

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A46	Continued From page 5  The findings are:  A. Observation and testing of the water in resident bathroom sink #1 , with an indicating thermometer on 09/15/08 at 10:50 am revealed that the hot water temperature in the sink #1 was 119.8 degrees Farenheit.  B. Observation and testing of the water in resident bathroom sink #2 on 09/15/08 at 11:00 am, revealed that the hot water temperature in the sink was 121.2 degrees Farenheit.  C. Observation and testing of the water in resident bathroom sink #3 on 09/15/08 at 1:20 pm by the hallway revealed that the hot water temperature in the sink #3 was 114.6 degrees Farenheit.  D. During an interview on 09/15/08 at 1:30 PM, with the Administrator, she acknowledged that the facility failed to maintain the hot water temperatures accessible to residents within the acceptable range of 95 degrees Farenheit to 110 degrees Farenheit.	A46		
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training  7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of	A63		

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A63	<p>Continued From page 6</p> <p>their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff.</p> <p>C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.</p> <p>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.63(1) - Fire Drills</p> <p>Based on record review and interview, the facility</p>	A63	<p><i>All-Care will retrain staff for correct fire evacuation procedures to be performed monthly at different times &amp; different shifts. It will also be documented &amp; kept up to date monthly &amp; posted.</i></p> <p><u>Enclosed Form</u></p> <p><i>MCR</i></p>

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A63	Continued From page 7  failed to ensure that fire drills are conducted monthly. The findings are:  A. On 09/15/08 during review of the facility fire drill log, it was noted that there was no documentation available for the month of March 2008.  B. On 09/15/08/08 during interview with the administrator at 2:00 pm, she confirmed that the fire drills after the month of March 2008. were not done or documented.	A63	