Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1ST Original	2049	A. BUILDING _____ B. WING _____	04/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLIE'S CENTER, LLC	600 NORTH HUDSON SILVER CITY, NM 88061

(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
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract 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. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein.	A19	Scanned 5-4-09	

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APR 2009
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

Caley Prewett — Administrator — 4-28-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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A19	Continued From page 1 (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, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs	A19		

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A19	Continued From page 2 and addresses the manner that such needs will be met. (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). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (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. (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] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.19 C. ADMISSION/RETENTION EXCEPTIONS: (1) Convene a team, comprised of . . . (2) . . . jointly determine . . . approve an individual service plan . . . Based on record review and interview the facility failed to convene a team to determine the appropriateness of admitting 1 resident who required a greater degree of care than the facility normally provides (R1). The findings are: A) Record review on 4/14/09 revealed resident	A19	A19 We were unaware that a team meeting could occur with representatives other than the Ombudsman. For a previous meeting we had contacted the Ombudsman and it had taken weeks to get a response. (The catheter was removed in less than 48 of the resident's entry.) This situation will never occur in the future. Implementation and tracking of this is the administrator's responsibility.	

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A19	Continued From page 3 R1 was admitted to the facility on 1/25/09 and had a folly catheter requiring skilled nursing from a Home Health agency. There were no records of a team meeting to determine the appropriateness of admitting resident R1. B) In an interview with staff S26 on 4/14/09 at 11:00 a m, staff S26 acknowledged no team had been convened to determine the appropriateness of admitting resident R1.	A19		
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 assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status.	A26		

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A26	Continued From page 4 (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. 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] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.26 A. . . . resident assessment . . . reviewed every six (6) months as part of the individual service plan. Base on record review and interview the facility failed to review the resident assessment every six months for 2 of 3 residents that had resided at the facility for more than six months (R3 and R4). The findings are: A) Review on 4/14/09 of the record for resident R3 revealed the following: 1. Date of admission was 8/1/08, 2. Date of initial assessment was 8/6/08, and 3. There was no documentation the assessment had been reviewed since the initial assessment, which to date is a full 8 months after the previous/initial assessment. B) Review on 4/14/09 of the record for resident R4 revealed the following: 1. Date of admission was 2/21/08,	A26	A26 Our new on-call nurse has completed assessments on five of our twelve residents already. He will complete the remaining seven by May 16. After that he has agreed to do the reviews of the Assessments and ISPs every six months. As new residents are admitted an additional assessment and ISP will be conducted as necessary to keep them on this schedule. Implementation and tracking of this is the office manager's responsibility.	

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A26	Continued From page 5 2. Date of initial assessment was 2/25/08, and 3. Date of next assessment was 1/27/09, a full 11 months after the previous/initial assessment. C) In an interview with the administrator on 4/15/09 at 10:30 a m, the administrator acknowledged the assessment for residents R3 and R4 had not been reviewed every six months as required.	A26		
A27	7 NMAC 8.2.27 Individual Services 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 NMAC.8.2.27, 8-31-00]	A27		

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A27	Continued From page 6 This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.27 A. A individual service plan . . . reviewed by a licensed nurse at least every six (6) months . . . Based on record review and interview the facility failed to have the Individual Service Plan (ISP) reviewed at least every six months by a licensed nurse for 3 of 3 residents that had resident at the facility for more than six months (R2, R3 and R4). A) Review on 4/14/09 of the record for resident R2 revealed the following: 1. Date of admission was 10/6/04, 2. Date of the only ISP observed in the record that was signed by a nurse was 1/23/07. B) Review on 4/14/09 of the record for resident R3 revealed the following: 1. Date of admission was 8/1/08, 2. Date of the only ISP observed in the record that was signed by a nurse was 8/6/08. C) Review on 4/14/09 of the record for resident R4 revealed the following: 1. Date of admission was 2/21/08, 2. Date of the only ISP observed in the record that was signed by a nurse was 2/25/08. D) In an interview with the administrator on 4/15/09 at 10:45 a m, the administrator acknowledged the ISP for residents R2, R3, and R4 had not been reviewed every six months by a licensed nurse.	A27	A27 Our on-call nurse moved out of state in February and had not reviewed the assessments and ISPs the staff had done. From now on our on-call nurse has contracted to complete the tasks as describe above. Implementation and tracking of this is the office manager's responsibility.	
A34	7 NMAC 8.2.34 Resident Rights 7.8.2.34 RESIDENT RIGHTS: All licensed	A34		

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A34	Continued From page 7	A34		

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 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

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A34	Continued From page 8 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 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.	A34		

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A34	Continued From page 9 (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 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	A34		

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A34	Continued From page 10 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: Surveyor: 22697 Refer to 7.8.2.34 D. (4) . . . safe and sanitary living environment. Based on observation and interview the facility failed to assure sanitary handling of food and medications. The findings are: A) In an observation on 4/14/09 at 7:17 a m, staff S25 was observed cooking food and preparing individual plates of food for the residents without a hair net or hat, and also was not wearing gloves. Staff would handle several items around the kitchen and was never observed to wash or sanitize her hands during the food preparation. B) On 4/14/09 at 7:32 a m, the following was observed: 1. Staff S24 was assisting with medication administration for 5 different residents consecutively. 2. Staff S24 wore the same pair of gloves assisting with the 5 different medication administrations. 3. Staff S24 would pour each pill out of the pharmacy container on to the glove and put the pill into a paper cup. 3. After each resident finished taking their medications, staff S24 was observed handling an ink pin, medication administration records, and	A34	A34 Deficiencies noted. Caregivers and cook have been advised: 1) Hair nets must always be worn when preparing and serving food. 2) Hands must be sanitized before beginning to handle food, between preparing plates, and after handling any un-sanitary items. 3) Hands must be sanitized before pouring pills for each resident. The pills must be poured into the cap of the medicine bottle and from there poured into the resident's receptacle. When bubble packs are used, the pills shall be put into the resident's receptacle without touching them. To assist with liquid medicine and ointments, staff must use gloves. 4) When unsanitary items such as pens and medication records are touched, hands must be sanitized before resuming pouring pills. The administrator, office manager, and assistant office manager will monitor this.	

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A34	Continued From page 11 the cart with the medication containers. 4. Staff S24 would proceed to the next resident and assist with medication administration without changing the gloves. C) In an interview with the administrator on 4/15/09 at 11:00 a m, the administrator acknowledged the facility staff does not wear hair nets or hats when preparing food. The administrator also acknowledged it is normal practice to not change gloves when assisting with medication administration.	A34		
A35	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. (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. (2) Internal medication must be kept separate from external medications. Drugs to be	A35		

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A35	Continued From page 12 taken by mouth will be separated from all other dosage forms. (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. (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. (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. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (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. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.	A35		

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	2049	A. BUILDING _____ B. WING _____	04/15/2009

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A35	Continued From page 13 (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. [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] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.35 B. (1) Reviews the medication regimen . . . at least quarterly (every 3 months) . . . Based on record review and interview the facility failed to have the medication regimen reviewed at least quarterly (every 3 months) by the consulting pharmacist. The findings are: A) Review on 4/14/09 of the consulting pharmacist's reviews of the medication regimen for the past 2 year period revealed the following dates for the reviews: 3/15/07, 7/25/07, 1/28/08, 10/29/08, and 1/20/09. This reveals it was 4 months, 6 months, 9 months, and 3 months respectively between reviews, which means for the 2 year period the consulting pharmacist reviewed the medication regimen only 5 times instead of 8 times as the required minimum number of reviews. B) In an interview with the administrator on 4/15/09 at 11:10 a m, the administrator acknowledged the medication regimen had not been reviewed at least quarterly by the consulting pharmacist.	A35	A35 Deficiency noted.Millie's Center's pharmacist has notified staff that he has upgraded his businesses systems so that he will not be tardy in reviewing Millie's Center's medicines. In addition Millie's Center's Office Manager has committed to learning how to create an electronic calendar that will remind her when all kinds of inspections are due. This calendar will be created no later than May26, Implementation and tracking of this is the office manager's responsibility.	

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A66	Continued From page 14	A66		
A66	7 NMAC 8.2.66 Related Regulations & Codes 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: 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] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 7.8.2.66 RELATED REGULATIONS AND CODES: 7.1.12 EMPLOYEE ABUSE REGISTRY Refer to 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2)	A66		

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A66	Continued From page 15 business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. Based on record review and interview the facility failed to make inquiry to the Employee Abuse Registry prior to hire for 1 employee (S21). The findings are: A) Record review on 4/14/09 revealed staff S21 was hired on 1/9/08 and there was no documentation of inquiry to the Employee Abuse Registry prior to hire for staff S21. B) In an interview with staff S26 on 4/14/09 at 10:25 a m, staff S26 acknowledged inquiry had not been made to the Employee Abuse Registry prior to hire for staff S21. 7.1.9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS Refer to 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at	A66		

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A66	Continued From page 16 the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider ' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose appropriate administrative sanctions and penalties. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. Refer to 7.1.9.8 A. Based on record review and interview the facility failed to submit all fees and pertinent application information to the Caregiver Criminal History Screening (CCHS) program for 2 of 4 staff working at the facility (S21 and S23). The findings are: A) Record review on 4/14/09 revealed staff S21 was terminated from employment at the facility on 10/28/06 and rehired 14 months later on 1/9/08. There was no CCHS clearance letter or documentation that fees and pertinent application information had been sent to CCHS program after staff S21 was rehired. B) Record review on 4/14/09 revealed staff S23	A66	A66 Deficiencies noted. The first incident was of re-hiring of a staff member. Since we've been advised that a search and criminal history screening must be done if the staff person has been absent from employment for over a year, we will do so. Situations similar to the other incidents will be resolved with the implementation of our electronic calendar. Implementation and tracking of this is the office manager's responsibility.	

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A66	Continued From page 17 was hired on 2/21/09. There was no CCHS clearance letter or documentation that fees and pertinent application information had been sent to CCHS program for staff S23. C) In an interview with staff S26 on 4/14/09 at 10:25 a m, staff S26 acknowledged no fees and pertinent application information had been sent to CCHS program for staff S21 and S23. Refer 7.1.9.8 F. Based on record review, observation, and interview the facility failed to submit all fees and pertinent application information to the Caregiver Criminal History Screening (CCHS) program within 20 days of date of hire for 4 of 4 staff working at the facility (S21, S22, S23, and S24). The findings are: A) Record review on 4/14/09 revealed staff S21 was hired on 1/9/08. There was no CCHS clearance letter or documentation that fees and pertinent application information had been sent to CCHS program for staff S21. B) Record review on 4/14/09 revealed staff S22 was hired on 2/12/09. There was no CCHS clearance letter or documentation that fees and pertinent application information had been sent to CCHS program for staff S22. C) In an observation on 4/14/09 at 10:20 a m, staff S26 was observed giving blank fingerprint cards to staff S22 and staff S26 gave staff S22 verbal directions of where to go get fingerprinted for the CCHS background check (58 days after date of hire for staff S22).	A66		

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A66	Continued From page 18 D) Record review on 4/14/09 revealed staff S23 was hired on 2/21/09. There was no CCHS clearance letter or documentation that fees and pertinent application information had been sent to CCHS program for staff S23. E) Record review on 4/14/09 revealed staff S24 was hired on 12/12/08. Documentation revealed that fees and pertinent application information had been sent to CCHS program for staff S24 on 1/26/09, which was 44 days after the date of hire. F) In an interview with staff S26 on 4/14/09 at 10:30 a m, staff S26 acknowledged fees and pertinent application information had not been sent to CCHS program for staff S21, S22, and S23. Staff S26 further acknowledged that fees and pertinent application information were sent 44 days after the date of hire for staff S24.	A66		