

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ORIGINAL	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5847	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2009
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NAME OF PROVIDER OR SUPPLIER EL CASTILLO RETIREMENT RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 250 E ALAMEDA SANTA FE, NM 87501
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A59	<p>7 NMAC 8.2.59 Fire Clearance & Inspections</p> <p>7.8.2.59 FIRE CLEARANCE AND INSPECTIONS:</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: Refers to NMAC 7.8.2.59 (B) - Documentation of Annual Fire Clearance and Inspection</p> <p>Based on record review and interview the facility failed to have documented evidence that the local fire prevention authorities had inspected the facility annually.</p> <p>The findings are:</p> <p>A. On 4/14/09 at 3:00 PM and 4/15/09 at 11:45 AM during record review, it was noted that there was no documented evidence of a 2008 fire inspection for the facility.</p> <p>B. On 4/14/09 at 3:00 PM during interview with</p>	A59	<p>The 2009 fire inspection was conducted by the Santa Fe Fire Department. The Health Center has been part on the Fire Dept's Annual inspection list. The DIRECTOR of NURSING is responsible for making sure the inspection is conducted annually.</p> <p>Scanned 5/7/09</p>	4/15/09
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]*

TITLE: CEO/ADMINISTRATOR

(X6) DATE: 5-5-09

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A59	Continued From page 1 administrative staff, she concurred with this finding.	A59		
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: 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 appropriate administrative sanctions and penalties. 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 1 of 12 employees (Staff #4).	A66	<i>Copies of the stated Dept of Health documents 4-22-09 for the 4 employees were received and placed in their individual files. Copies of the documents requested by the state surveyor were FedEx'd to the Health Facility Licensure & Certification office in ALBUQUERQUE on 4-16-09. Check list has been developed for all future hires. Don will be responsible for Health Center employee files. A second set of records is maintained in the Administrative office by the Administrative Assistant. All files have been reviewed for compliance</i>	

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A66	<p>Continued From page 2</p> <p>The findings are:</p> <p>A. On 4/15/09 at 12:00 pm during review of employee records, it was noted that Staff #4 with a hire date of 12-10-03, 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 4/15/09 at 12:15 PM during interview with administrative staff, she concurred with this finding.</p> <p>Refer to NMAC 7.1.9.8 (G)- (Effective January 1, 2006) - Maintenance of Records</p> <p>Based on record review and interview the facility failed to maintain documentation relating to all employees evidencing compliance with the Caregivers Criminal History Screening Requirements for 4 of 12 current employees.</p> <p>The findings are:</p> <p>A. On 4/15/09 at 11:30 am during review of employee files it was discovered that Staff #2, #5 & #10 did not have, on record, documentation of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility. Staff #2, with a hire date of 3-21-07; Staff #5 with a hire date of 2-13-07; and Staff 10 with a hire date of 6-13-06 did not have a clearance letter</p>	A66		

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A66	<p>Continued From page 3</p> <p>within their personnel file. Upon request of the letters, facility staff then had to request the letters be faxed from CCHS, as they were not available for surveyor or facility staff to ensure the stated staff had been cleared through CCHS with in the time frames required.</p> <p>B. On 4/15/09 at 12:15 PM during interview with administrative staff, she concurred with this finding.</p> <p>Refer to NMAC 7.1.12.8 (D) Employee Abuse Registry (Effective January 1, 2006) - Documentation of inquiry to 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 1 of 12 current employees.</p> <p>The findings are:</p> <p>A. On 4/15/09 at 11:45 am during review of employee files it was discovered that Staff #1 did not have, on record, documentation the provider made an inquiry to the registry. Upon request of the inquiry, facility staff then had to request the letter be faxed from DHI, as they were not available for surveyor or facility staff to ensure the stated staff had been cleared through the registry within the time frames required.</p> <p>B. On 3/24/09 at 3:30 PM during interview with the house manager, she acknowledged the issue.</p>	A66		

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