

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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</p> <p>Based on record review and interview the facility failed to implement the facility's policy for procurement, administration and control of residents medications (Drug Policy and Procedure) for 4 of 4 staff assisting with administration of medications (staff #1, #2, #3,</p>	A17	<p>A17 All employees will read drug policy & procedures, and sign stating they've read it. All new med techs will be required to emservice.</p> <p>scanned 12/19/07 CP</p>	11-16

Division of Health Improvement

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

STATE FORM

6899
DEC 14 2007
DZLH11

TITLE

Jeannine Longolis
Director

(X8) DATE

11-21-07

If continuation sheet 1 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	Continued From page 1 and #6). The findings are: A. Record review on 11/6/07 revealed the facility's 'Drug Policy and Procedure' read, "A current copy of this manual; shall be kept at the facility at all times for reference by personnel. This copy must be read and signed by all staff members responsible for the procurement, administration or control of the clients or facilities' medications." Record review of the signature page revealed no signatures of staff #1, #2, #3, and #6. B. In an interview with the administrator on 11/6/07 at 2:10 PM, the administrator acknowledged staff have not been required to read and sign the facility's Drug Policy and Procedure manual and further acknowledged staff #1, #2, #3, and #6 all assist with administration of medications for residents of the facility.	A17			
A18	7 NMAC 8.2.18 STAFFING The following staffing levels are minimums only. The facility shall employ staff capable and trained to provide the basic care and resident assistance and supervision required, based on the assessment of the residents needs. A. When residents are awake, all facilities shall have at least one (1) direct care staff person on duty and awake for each fifteen (15) residents. (1) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty and responsible for the care and supervision when residents are in the facility. (2) During resident sleeping hours, facilities with sixteen (16) to sixty (60) residents shall have at least one (1) direct care staff person	A18			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A18	Continued From page 2 awake at all times and at least one (1) additional staff person available on the premises. (3) During resident sleeping hours, facilities with sixty-one (61) to one-hundred twenty (120) residents shall have at least two (2) direct care staff persons awake at all times and at least one (1) additional staff person immediately available on the premises when residents are sleeping. (4) During resident sleeping hours, facilities with more than one-hundred twenty (120) residents shall have at least three (3) direct care staff persons awake at all times and one additional staff person immediately available on the premises for each additional forty (40) residents or fraction thereof in the facility. B. The facility, upon request, shall provide the public and visitors the number and the names of all staff on duty. C. Maternity Shelters shall have available at all times a registered nurse or a licensed midwife. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.2.8.18 NMAC - Rn, 7 NMAC 8.2.18, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.18 A. Based on observation and interview the facility failed to maintain one direct care staff person on duty for each fifteen residents while residents were awake. The findings are: A. During a tour of the facility on 11/6/07 from 7:00 AM to 7:15 AM, only one staff was observed in the facility with 18 residents in the facility of which 13 were awake and out of there rooms in common areas of the facility. B. In an interview with staff #4 on 11/6/07 at 7:15 AM, staff #4 acknowledged she was the only staff	A18	A18 <i>Facility will maintain required staffing per State guidelines to ensure proper care of residents.</i>	11-13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A18	Continued From page 3 in the building and that all 18 residents were in the building.	A18		
A23	7 NMAC 8.2.23 FAC. REPORTS, RECS., P & PS & RULES 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: 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: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (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. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (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	A23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A23	Continued From page 4 fire drills. (7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (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. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal precautions and linen handling). (h) Resident rights. (i) Providing Quality Resident care based on current resident need. (j) Reporting requirements for Abuse, Neglect or Exploitation. (12) A copy of License. (13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.	A23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	
A23	Continued From page 5 (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure. 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: (1) The use of tobacco and alcohol. (2) The use of the telephone. (3) Operation of television, radio, and stereo. (5) Use and safekeeping of personal property. (6) Meals. (7) Use of common areas. (8) Electric blankets or appliances used by residents. C. 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, (e.g., gas leaks, injuries, transportation, medications,...). (2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets). (3) The handling or resident's funds, if the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation. (5) Handling of complaints. (6) Staff and resident fire and safety training. (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records.	A23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A23	Continued From page 6 (12) Program Narrative. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make 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: Refer to 7.8.2.23 A. REPORTS AND RECORDS Based on record review and interview, the facility failed to have documentation in the staff files at the facility that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 2 of 4 (50%) staff files reviewed (Staff #2 and staff #3). The findings are: A. Record review at the facility on 11/5/07 revealed the following: 1) No documentation of clearance letters from	A23	A23 Facility will have new staff finger printed prior to orientation. All authorization documents will be submitted to Corp. for payment and submittal to DOH CCHS within 30 days. Facility will complete the <u>certification of criminal history screening form</u> , and maintain it in employee file.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A23	Continued From page 7 New Mexico Caregivers' Criminal History Screening on file at the facility for Staff #2 or Staff #3, 2) No documentation at the facility that fingerprints or fees had ever been sent to the New Mexico Caregivers' Criminal History Screening for Staff #2 or Staff #3, 3) Staff #2 had a hire date of 2/21/07, and 4) Staff #3 had a hire date of 5/10/07. B. In an interview with the administrator on 11/5/07 at 11:30 AM the administrator acknowledged their were no letters from New Mexico Caregivers' Criminal History Screening on file at the facility for Staff #2 or Staff #3 or evidence at the facility the fingerprints or fees had been sent to the New Mexico Caregivers' Criminal History Screening Program for Staff #2 or Staff #3.	A23		
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and	A38		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	
A38	<p>Continued From page 8</p> <p>must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below.</p> <p>E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days.</p> <p>F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication.</p> <p>G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions.</p> <p>H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use.</p> <p>[7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.38 E. Based on observation and interview the facility failed to have food stored in the facility's refrigerators covered, dated, and/or labeled for eleven food containers. The findings are:</p>	A38			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A38	Continued From page 9 A. During initial tour of the facility on 11/5/07 at 9:20 AM, nine (9) containers of food items were observed with no labels or dates, two (2) containers were dated over 2 months old, and five (5) containers were observed to be uncovered. The following is a list of the foods observed: 4 bowls of mixed fruit were uncovered, not labeled or dated, 3 resealed bags of assorted cheese were not labeled or dated, 2 resealed bags of assorted cheese were dated 8/1/07 and 9/3/07 respectively, 1 bag of hamburger buns were not labeled or dated, and 1 basket of green bell peppers were uncovered, not labeled or dated, and were spoiled. B. In an interview staff #6 on 9/5/07 at 9:20 AM, staff #6 acknowledged the following: 4 bowls of mixed fruit were uncovered, not labeled or dated, 3 resealed bags of assorted cheese were not labeled or dated, 2 resealed bags of assorted cheese were dated 8/1/07 and 9/3/07 respectively, 1 bag of hamburger buns were not labeled or dated, and 1 basket of green bell peppers were uncovered, not labeled or dated, and were spoiled.	A38	A38 <i>Will educate staff on proper procedures for storing food. Will maintain proper storage of food, with items covered, dated, & stored properly.</i>	11-16
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical	A45		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A45	Continued From page 10 and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45,	A45		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A45	Continued From page 11 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45 A. Based on record review and interview the facility failed to have the fuel-fired heating system tested and maintained annually by qualified personnel. The findings are: A. Record review on 11/5/07 revealed no documentation confirming that the facility's fuel-fired heating system had been tested and maintained annually by qualified personnel. B. In an interview with the administrator on 11/6/07 at 1:59 PM, the administrator acknowledged there was no documentation the facility's fuel-fired heating system had been tested and maintained annually by qualified personnel.	A45	A45 Scheduled appointment with qualified personnel to check & test furnaces. Will maintain annually.	11-26
A49	7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM 7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM: A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility must know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances must be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear.	A49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	
A49	<p>Continued From page 12</p> <p>(2) Extension cords are prohibited. EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00] K</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.49 A. Based on observation and interview the facility failed to have circuit breakers labeled to indicate the area of the facility to which each circuit breaker provides service. The findings are:</p> <p>A. Tour of the facility on 11/6/07 at 10:26 AM revealed the following: The facility's electrical room had two circuit breaker panels; one panel unlocked with no labels to indicate the area of the facility to which each circuit breaker provides service and one panel locked, which rendered the circuit breakers not accessible.</p> <p>B. In an interview with staff #5 on 11.6.07 at 10:26 AM, staff #5 acknowledged there were no labels to indicate the area of the facility to which each circuit breaker provides service in the unlocked panel and acknowledged she did not know where the key is to the other panel that was locked.</p> <p>C. Tour of the facility on 11/6/07 at 10:32 AM revealed the following: The facility's eastern most Boiler room had a circuit box with no numbers on many of the circuit</p>	A49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A49	Continued From page 13 breakers to indicate which label they correspond with on the circuit breaker legend located on the inside door of the circuit breaker panel. D. In an interview with staff #5 on 11.6.07 at 10:32 AM, staff #5 acknowledged there were no numbers on many of the circuit breakers to indicate which label they correspond with on the circuit breaker legend located on the inside door of the circuit breaker panel. Refer to 7.8.2.49 B. Based on interview the facility failed to inform at least 1 of the staff the location of the electrical disconnect switches and how to operate it in case of emergency (staff #5). The findings are: A. In an interview with staff #5 on 11/6/07 at 10:24 AM, staff #5 acknowledged she had not been informed where the electrical disconnect switches were located.	A49	A49 All Circuit breakers will be labeled to correspond with legend. all staff will be orientated to location of all emergency turn offs.	11-23
A55	7 NMAC 8.2.55 RESIDENT ROOMS 7.8.2.55 RESIDENT ROOM: A. Each resident room must be an outside room with a window. The area of the outdoor window shall be at least 1/10th the floor area of the room. B. There must be no through traffic in resident rooms. C. Resident rooms must communicate directly with other areas of the facility. Toilet and bathing facilities must be located to meet the needs of the residents. D. Resident rooms may be private or semi-private. Semi-private rooms may not house more than two (2) residents. EXCEPTION: Facilities that provide programmatic services for	A55		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A55	Continued From page 14 alcohol or drug dependency on a short term (30-60 days) may have dormitories with no limitation on number of residents as long as minimum square footage requirements are met. (1) Private Rooms: must have a minimum of one hundred (100) square feet of floor area. Closet and locker area shall not be counted as part of the available floor space. (2) Semi-Private Rooms: must have a minimum of eighty (80) square feet of floor area for each bed and be furnished in such a manner that the room is not crowded or passage out of the room is obstructed. Closet and locker area shall not be counted as part of the available floor space. (3) Dormitories/Wards: must have a minimum of sixty (60) square feet of floor area for each bed. Closet and locker area shall not be counted as part of the available floor space. E. If a resident chooses not to bring in his/her own furnishings, each resident room shall be provided with, as a minimum, the following per resident: F. Furnishings: (1) Resident beds shall be at least thirty-six (36) inches wide, of sturdy construction, and in good repair. (2) Each bed shall be provided with a clean, comfortable mattress of at least four (4) inches in thickness, which is waterproof, or protected with a waterproof covering, and a mattress pad. (3) Each bed shall be provided with a clean, comfortable pillow. (4) Each bed shall be provided with a pillow case, two (2) clean sheets, blankets, and a bedspread appropriate for the weather and climate. (5) Beds shall be spaced at least three (3) feet apart.	A55		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A55	Continued From page 15 (6) An individual closet or closet area with a clothes rack for hanging clothes and shelves or drawers that are accessible to the resident. (7) A bedside table or desk. (8) A chair. (9) A reading lamp. (10) A mirror in the resident room. (11) Window shades, drapes, curtains, or blinds, in good repair and of flame-retardant materials. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.55 NMAC - Rn, 7 NMAC 8.2.55, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.55 F. (6) Based on observation and interview the facility failed to have an individual closet or closet area for hanging clothes for 2 residents in a shared semi-private room (resident D and resident E). The findings are: A. During a tour of the facility on 11/6/07 at 10:38 AM, semi-private resident room #13 was observed to have only one closet area for hanging clothes. Resident D's and resident E's names were on the shelf above the hanging clothes in the closet. B. In an interview with staff #5 on 11/6/07 at 10:38 AM, staff #5 acknowledged resident D and resident E share the one closet in semi-private resident room #13.	A55	A-55 Facility will acquire a portable closet for Rm #13. Facility will have two closets in all double occupied rooms.	12-1
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 7.8.2.66 RELATED REGULATIONS AND	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A66	<p>Continued From page 16</p> <p>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> <p>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96).</p> <p>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96).</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.66 RELATED REGULATIONS AND CODES:</p> <p>NMAC 7.1.9 CAREGIVER CRIMINAL HISTORY SCREENING REQUIREMENTS</p> <p>Refer to 7.1.9.8 G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>Based on record review and interview, the facility failed to have documentation in the staff files at the facility that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 2 of 4 (50%) staff files reviewed (Staff #2 and staff #3). The findings are:</p> <p>A. Record review at the facility on 11/5/07 revealed the following: 1) No documentation of clearance letters from New Mexico Caregivers' Criminal History</p>	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	
A66	<p>Continued From page 17</p> <p>Screening on file at the facility for Staff #2 or Staff #3, 2) No documentation that fingerprints or fees had ever been sent to the New Mexico Caregivers' Criminal History Screening for Staff #2 or Staff #3, 3) Staff #2 had a hire date of 2/21/07, and 4) Staff #3 had a hire date of 5/10/07.</p> <p>B. In an interview with the administrator on 11/5/07 at 11:30 AM the administrator acknowledged their were no letters from New Mexico Caregivers' Criminal History Screening on file at the facility for Staff #2 or Staff #3 or evidence the fingerprints or fees had been sent to the New Mexico Caregivers' Criminal History Screening Program at the facility.</p> <p>7.1.9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS 7.1.9.8 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.</p> <p>Based on interview and record review the facility failed to submit all fees and pertinent application information for Caregiver criminal history screening within 20 calendar days from the date of hire for 1 of 2 staff (Staff #2). The findings are:</p> <p>A. In an interview with the administrator on 11/6/07 at 11:53 AM, the administrator presented a facsimile sent to the facility on 11/6/07 at 10:57</p>	A66			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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	
A66	Continued From page 18 AM of a canceled check made payable to NMDOH/DHI CCHS-Processing. The administrator acknowledged the facility failed to submit all fees and pertinent application information for caregiver criminal history screening for staff #2 within 20 days of date of hire. B. Record review on 11/5/07 revealed Staff #2 was hired on 2/21/07 and the facsimile of the cancelled paid check to NMDOH/DHI CCHS-Processing was dated 5/4/07. Staff #2's name was hand written in the margin on the facsimile of the check.	A66	Abb Facility will have new staff finger-printed prior to orientation. All fingerprints cards and authorization documents will be submitted to corp for payment, and submittal to DOH CCHS within 30 days. Facility will complete the <u>Certification of Criminal Screening form</u> & maintain it in the employee file.	11-21	