

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5847</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>05/27/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EL CASTILLO RETIREMENT RESIDENCES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 E ALAMEDA SANTA FE, NM 87501</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>Scanned. 8-12-08 CP.</i></p>	
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Division of Health Improvement

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

*[Handwritten Signature]*

TITLE

*CEO/ADMINISTRATOR*

(X6) DATE

*8/5/08*

STATE FORM



EAU411

If continuation sheet 1 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5847</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>05/27/2008</b>
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A23	Continued From page 1  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. (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure.	A23		

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A23	<p>Continued From page 2</p> <p>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:</p> <ol 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> </ol> <p>C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:</p> <ol 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 of 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> </ol>	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: Please Refer to 7.8.2.23 (7)  Based on record review and interview the facility failed to have written polices and procedures for staff to follow in the event of an accidental poisoning for one of one sampled resident (#1). The findings are:  A. On 05/22/08 at 5:20 pm, Policies and Procedures were requested for the facility's Poison Control Protocol.  B. On 05/27/08 at 2:30 pm, during record review of Residents #1's chart, it was noted that he was admitted to the facility on 04/17/08 with diagnoses of Arthralgia, Constipation, Syncope (fainting), Prostate Cancer, Gastric Ulcer,	A23		

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A23	<p>Continued From page 4</p> <p>Diverticulosis, Macular Degeneration, and Legal Blindness. Record review also indicated that Resident #1 ingested an unknown amount of Lemon Disinfectant Cleaner at 4:30 am on 5/12/08 that was left on the counter in the kitchen. The warning label on the bottle read "DANGER: Corrosive, keep out of the reach of children. First aide if swallowed: Call poison control Center or Dr. immediately for treatment advice. Don't induce vomiting unless told to so by Poison Control or Dr."</p> <p>1. On 5/22/08 at 6:15 pm, during an interview with Resident #1 he stated "I drank a bottle of floor polish. It was late at night and I was hungry and saw what looked like a bottle of milk on the counter. I am legally blind and I drank out of the bottle thinking it was milk. The neck of the container was small, kind of like the size of a coke bottle. I spit it out and had a sore throat for 4 days. Then they took me to the hospital."</p> <p>2. Review of Caregiver flow sheet dated 5/11/08 at 5:40 am, contained the following entry. "Call to Assisted Living by CNA [Certified Nursing Assistant] who states Resident #1 was up and about in the Dining Room and possibly ingested an unknown amount of Disinfectant. Resident states he thought it was milk and drank a cupful of Disinfectant from bottle &amp; agrees to have swallowed it. Resident #1 states he spit out liquid and then started vomiting. Complaint of burning to throat. 911 called &amp; Resident #1 transported to ER for evaluation.</p> <p>C. Hospital Documentation reviewed on 05/27/08 revealed that the resident was triaged through the Hospital's Emergency Room (ER) on 05/12/08 and was subsequently admitted to Hospital. Review of the Hospital History and Physical (H/P) dated 05/12/08 indicated that the resident was suffering from Lye Ingestion and an</p>	A23		

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A23	Continued From page 5  Esophagogastroduodenoscopy (Diagnostic Endoscopic Procedure) and a Chest X-Ray was ordered to further evaluate the diagnosis. 1. The Hospital Discharge (D/C) Summary dated 05/13/08 revealed diagnoses of "Mild Esophagitis (Inflammation of the Esophagus), Gastritis (Inflammation of the lining of the stomach), Pharyngitis (Inflammation of the Mucous Membranes of the throat), Blindness, and Macular Degeneration. Results of the Chest X-ray taken on 05/12/08 revealed a diagnosis of Mild Atelectasis (A collapsed or airless condition of the lung). The Hospital D/C Summary also stated that "during the hospitalization, there was discussion about moving the patient to a higher level of care so these things don't happen in the future. I (the Dr.) had this discussion with the son and also with the patient. They both agree. Resident D/C'ed with the same Medications he had prior to hospitalization. In addition to that he was put on a prescription of Carafate Suspension (liquid)-for Gastritis to be taken with every meal for two weeks."  D. On 05/23/08 2:05 pm, during interview with Director of Nursing, she stated they did not have policies and procedures that specifically related to poison control.	A23	<i>7.8.2.23 P written Poison Control policy and procedure in place. 5/23/08</i>  <i>Staff in-service on poison control was held. 5/23/08</i>  <i>Employee, who left the bottle on the counter, was counseled, reviewed video on hazardous materials and is currently on probation. Employee submitted a letter of explanation. (The bottle was a "spray" bottle including a spray-top. 5/23/08</i>	
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	A27		

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A27	<p>Continued From page 6</p> <p>assessment and consistently implemented in response to the resident's needs.</p> <p>B. The individual service plan must include the following:</p> <ol style="list-style-type: none"> <li>(1) Description of identified needs as noted in the resident assessment.</li> <li>(2) Written description of what services will be provided.</li> <li>(3) Who will provide the services.</li> <li>(4) When or how often the services will be provided.</li> <li>(5) How the services will be provided.</li> <li>(6) Where the services will be provided.</li> <li>(7) Goal and outcome of the service.</li> <li>(8) Documentation of the facility's determination that it is able to meet the needs of the resident.</li> </ol> <p>[7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Please Refer to 7.8.2.27</p> <p>Based on Record Review and interview, the facility failed to develop and implement individual service plans (ISPs) within 14 days of admission for 1 sampled resident (#1). The findings are:</p> <p>A. On 05/23/08, at 2:30 pm, during record review of Residents #1's chart, it was noted that he was admitted to the facility on 4/17/08 with diagnoses of Arthralgia, Constipation, Syncope (fainting), Prostate Cancer, Gastric Ulcer, Diverticulosis, Macular Degeneration. and Legal Blindness. It was also noted at this time that the resident's ISP was not filled out.</p> <p>B. On 05/27/08 at 2:45 pm, during an interview with the Facilities Care Giver's Manager, he stated, "In reference to Resident's #1's Service</p>	A27		

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A27	<p>Continued From page 7</p> <p>Plan not being filled out, the Nurse and I have not done it yet."</p> <p>C. Review of the Caregiver flow sheet reviewed dated 5/11/08 at 5:40 am, contained the following entry. "Called to Assisted Living by CNA [Certified Nursing Assistant] who states Resident #1 was up and about in the Dining Room and possibly ingested an unknown amount of Disinfectant. Resident states he thought it was milk and drank a cupful of Disinfectant from bottle &amp; agrees to have swallowed it. Resident #1 states he spit out liquid and then started vomiting. Complaint of burning to throat. 911 called &amp; Resident #1 transported to ER for evaluation."</p> <p>D. Hospital Documentation reviewed on 05/27/08 revealed that the Resident #1 was triaged through the Hospitals Emergency Room on 05/12/08 and was subsequently admitted to Hospital. Hospital History and Physical (H/P) dated 05/12/08 indicates that Resident #1 was suffering from Lye Ingestion and an Esophagogastroduodenoscopy (Diagnostic Endoscopic Procedure) and a Chest X-Ray was ordered to further evaluate the Diagnosis. The Hospital Discharge (D/C) Summary dated 05/13/08 revealed diagnoses of Mild Esophagitis (Inflammation of the Esophagus), Gastritis (Inflammation of the lining of the stomach), Pharyngitis (Inflammation of the Mucous Membranes of the throat), Blindness, and Macular Degeneration. Results of the Chest X-ray taken on 05/12/08 revealed a diagnosis of Mild Atelectasis (A collapsed or airless condition of the lung).</p> <p>E. On 05/27/08 at 3:25 pm, during interview the Director of Nursing stated, "While I was copying the record for Resident #1, I noticed that his ISP</p>	A27	<p><i>7.8.2.27</i> <i>The Service Plan was completed</i> <i>Service Plans will be done immediately upon move-in and updated as needed.</i></p>	<i>5/27/08</i>	

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A27	Continued From page 8  was blank. I gave it the Care Giver's manager and the nurse to fill it out.	A27		
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 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	A35		

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A35	Continued From page 9  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.  (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]	A35			

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A35	Continued From page 10  This REQUIREMENT is not met as evidenced by: Please Refer to 7.8.2.35 (A)(1)  Based on observation and interview the facility failed to ensure all medications were stored safely in a locked compartment or in a locked room and were not accessible to residents, visitors, or staff. The findings are:  A. On 05/22/08 at 5:15 pm, during the initial tour of the facility, the medication cart located in the assisted living nurse's station office was found to be unlocked and unattended. The surveyor was able to open the medication cart and observe multiple packages of medication.  B. On 5/22/08 at 5:20 pm, during an interview the Director of Nursing (DON) acknowledged the medication cart was unlocked and accessible. Registered Nurse (RN) #1 approached the station and the DON told RN #1 that the medication cart was unlocked and unattended at which time RN #1 locked the medication cart.	A35	<i>7.8.2.35 Medication nurse reviewed medication nurse responsibilities, policies and procedures. The nurse submitted a letter of explanation &amp; apology. A written reprimand was placed in her file. In-service held for medication nurses.</i>	5/23/08	
A39	7 NMAC 8.2.39 Housekeeping/ Laundry Services  7.8.2.39 HOUSEKEEPING/LAUNDRY SERVICES: The adult residential care facility shall maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility must be free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish, dust. A. Bathrooms and all common living areas must be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags and compounds shall be stored in closed metal containers in approved areas providing adequate	A39			

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A39	Continued From page 11  ventilation. Combustibles shall be stored away from the food preparation area and away from resident rooms. C. Poisonous or flammable substances must not be stored in residential areas, food preparation areas, or food storage areas. D. The adult residential care facility shall make available laundry services to the residents either on the premises or by use of a commercial laundry or linen service. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (1) All linens shall be changed as needed and at least weekly. (2) The mattress pad, blankets, and bedspread shall be laundered as needed and at least once a month. (3) Bath linens consisting of face towel, bath towel and wash cloth shall be changed as needed and at least three (3) times per week. (4) Residents shall have clean clothing as needed to maintain dignity and be free of odors. E. Laundry services provided on the premises shall have a designated laundry area equipped with a washer and dryer. F. Under no circumstances shall collection, sorting, storage or washing of soiled clothing or linen be done in a food preparation, food storage, or food service area. G. Residents may do their own laundry if they are capable and WISH to do so, or if it is part of a training or rehabilitation program specifically documented in the resident's individual service plan. H. A separate, dry, well ventilated storage area for clean linen shall be provided. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 4-7-97; 7.8.2.39 NMAC - Rn, 7 NMAC 8.2.39, 8-31-00]	A39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5847</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>EL CASTILLO RETIREMENT RESIDENCES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 E ALAMEDA SANTA FE, NM 87501</b>		
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A39	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Please refer to 7.8.2.39 (B)(C).</p> <p>Based on observation and interview, the facility failed to ensure that cleaning compounds, poisonous or flammable substances were not stored and accessible near resident rooms and common areas used by all residents for 12 of 12 sampled residents. The findings are:</p> <p>A. On 05/22/08 at 6:15 pm, during an interview Resident #1 stated, "I drank a bottle of floor polish. It was late at night and I was hungry and saw what looked like a bottle of milk on the counter in the kitchen. I am legally blind and can't read because of my blindness. I use a reading machine, it will enlarge things 30 times. I drank out of the bottle thinking it was milk. The neck of the container was small, kind of like the size of a coke bottle. I spit it out and told the staff to call the police or someone with a stomach pump."</p> <p>1. On 05/27/08, review of the hospital History and Physical dated 05/12/08 indicated Resident #1 was brought to the emergency department at 6:30 am. This History and Physical also indicated that Resident #1 was suffering from Lye Ingestion and an Esophagogastroduodenoscopy (Diagnostic Endoscopic Procedure) and a Chest X-Ray was ordered to further evaluate the diagnosis.</p> <p>2. On 05/27/08, review of the hospital discharge summary dated 05/13/08 indicated diagnoses of mild esophagitis (Inflammation of the Esophagus), gastritis (inflammation of the lining of the stomach), and pharyngitis (Inflammation of the Mucous Membranes of the throat). On 05/27/08, review of the chest x-ray report dated 05/11/08 indicated Resident #1 also</p>	A39			

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A39	Continued From page 13  had a diagnosis of mild atelectasis (A collapsed or airless condition of the lung).  B. On 05/22/08 at 5:10 pm, during the initial tour of the facility, the following were identified: 1. One eight ounce bottle of 5.25 percent bleach in an unlocked kitchen cabinet. The warning label read: "If swallowed: may cause burning sensation and corrosion of mucous membranes, esophageus, or gastric perforation, laryngeal edema, vomiting and nausea." 2. Two 101.4 fluid ounce bottles of Cen-Kleen Disinfectant in the tub room. The door to this room was unlocked and the bottles were on a shelf. The warning label read, "first aid swallowed: Call a poison control center or doctor immediately for treatment advice. Don't induce vomiting unless told to do so by poison control center or doctor." 3. Four 96 fluid ounce bottles of Clorox bleach were found in the laundry room. The door to this room did not have a lock. The warning label on the bleach bottles indicated, "DANGER if swallowed: Call a poison control center or doctor immediately for treatment advice."  C. On 05/27/08 at 3:25 pm, during the exit interview the Director of Nursing stated that the bottle that Resident #1 drank from on 05/11/08 was Lemon Disinfectant. The warning label on the disinfectant bottle stated "DANGER: corrosive keep out of the reach of children. FIRST AID: If SWALLOWED: call poison control or doctor immediately for treatment advice. Don't induce vomiting unless told to do so by poison control or doctor."	A39	<b>7.8.2.39</b>  <i>in Assisted Living, room, A locked <del>room</del> was designated <del>for</del> <del>the</del> <del>storage</del> <del>of</del> <del>the</del> <del>bleach</del> <del>and</del> <del>lemon</del> <del>rooms</del> to store all hazardous materials. 5/27/08  A new form and procedure created for chemical exposure prevention to be signed off at every shift. A memo to all employees explaining chemical prevention.  We conduct annual abuse and neglect in-service, hazardous material in-service and poison control policy in-service.</i>	