

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5881</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2009</b>
---	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CASA CONTENTA ASSISTED LIVING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124</b>
---	---

(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 &amp; 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(C) - Required On Going Staff Training</p> <p>Based on record review and interview, the facility failed to ensure ongoing training for 2 of 7 facility employees.</p>	A17	<p>7.8.2.12.c Owners have since been trained on all required training.</p> <p>7.8.2.12.c All staff will be properly trained in all areas To insure the safety of all residents.</p> <p>The owners will monitor each others facility records on a regular basis.</p> <p>The corrective action will be completed on March 25, 2009</p>	
-----	---	-----	--	--

*Scanned  
3-16-09  
CF*



Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Barbara J. Musky* TITLE: *Administrator* (X6) DATE: *3/10/09*

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5881	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/05/2009
NAME OF PROVIDER OR SUPPLIER  CASA CONTENTA ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124		
(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  The findings are:  A. On 3/3/09 during review of the facility records, it was noted that there was no documentation of current required training for Staff #1 & #2 for the following: 1. Fire Safety 2. Safe Food Handling 3. Confidentiality of Records 4. Infection Control 5. Resident Rights 6. Providing Quality Resident Care based on current resident needs - 7. First Aid  B. On 3/3/09 during interview with owners, both acknowledged the training has not been done.	A17		
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 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care	A66		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5881	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/05/2009
NAME OF PROVIDER OR SUPPLIER  CASA CONTENTA ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124		
(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 2  Provider requirement to inquire of registry whether the individual under consideration for employment is listed on the registry.  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 3 of 7 current employees.  The findings are:  A. On 3/3/09 during review of employee records, it was noted that employed staff did not have documentation on file that search of the EAR database using the individual's identifying information was checked prior to hire, as required, for Staff #3, #4 and #5.  B. On 3/3/09 during interview with the owners, both acknowledged that documentation showing the EAR was checked prior to hire was not available.  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	A66	          A66 7.8.2.12.c  Persons considered for hire and prior to hire will have completed search of EAR database.  The safety of residents is required and to insure the residents safety all required searches of prospective employees will be carried out according to regulations.  Administrator will review all pre-hire records prior to offer of employment.  The corrective action will be implemented immediately March 10, 2009	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5881</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA CONTENTA ASSISTED LIVING, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124</b>		
(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 3 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 3 of 7 employees (Staff #1, #2, and #5).  The findings are:  A. On 3/3/09 during review of employee records, it was noted that Staff #1 with a hire date of 10-2002, Staff #2 with a hire date of 10-2002, and Staff #5 with a hire date of 5-2007 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.  B. On 3/3/09 during an interview with the owners, both acknowledged that the documentation was not available.  Refer to NMAC 7.1.13.10(B) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train employees annual.  Based on record review and interview, the facility failed to ensure required training was conducted within the time frames set in accordance with	A66	A66 7.8.2.12.c  Staff members will obtain a full Caregivers Criminal Background Clearance addressed to the current facility of hire.  The residents safety is of importance and all prospective employees will have a completed Criminal History Screening clearance addressed to the facility in place prior to hire.  The corrective action will be completed March 19, 2009  The administator will review all hire records prior to hire.	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5881</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASA CONTENTA ASSISTED LIVING, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4805 SOMBERETE ROAD SE RIO RANCHO, NM 87124</b>		
(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 4  regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 2 of 7 sampled employees.  The findings are:  A. On 3/3/09 during review of personnel files, it was noted the following required training documentation was not among administrative paperwork for Staff #1 and #2.  -Incident Management 2009 Annual Training  B. On 3/3/09 during interview with the owners, both acknowledged that documentation of the training was not available.	A66	          A66 7.8.2.12.c  Owners have since been trained regarding Incident Management 2009 Annual training.  The residents safety is important and all staff will receive annual training with documentation present in employee files.  Administrator will review all employee files on a regular basis.  The corrective action will be completed March 25,2009	