

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1<sup>ST</sup> Original</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/04/2008
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  COTTONBLOOM ASSISTED LIVING COMMUNI	STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005
---	---

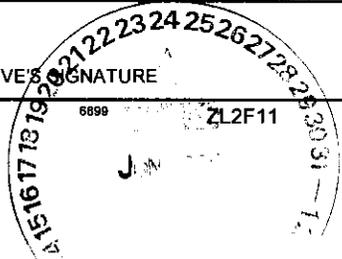
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A27	<p>7 NMAC 8.2.27 Individual Services Plan</p> <p>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] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.27 A. Individual Service Plan</p> <p>Based on record review and interview the facility failed to have the individual service plan (ISP) reviewed by a licensed nurse at least every 6 months for 4 of 4 residents (R1, R2, R3, &amp; R4). The findings are:</p> <p>A) Record review on 6/3/08 revealed the</p>	A27 <i>Stamped 7-1-08</i>	<p><b>ID PREFIX TAG A27</b></p> <p>7.8.2.27 A An individual service plan shall be developed and implemented within 14 days of admission. The individual service plan must be reviewed by a licensed nurse at least every 6 months and revised as needed.</p> <p>Residents R1, R2, R3, and R4 will be reviewed and signed by a licensed nurse. A licensed nurse has been hired as a nurse consultant to review individual service plans and provide signature at least every 6 months for current and new residents. Date of completion: 7-4-08 and ongoing</p>	7-4-08

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Edgar Ortiz*

TITLE: *administrator*

(X6) DATE: *6-30-08*



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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
A27	Continued From page 1  following dates on the ISP's for residents R1 through R4: 1. Resident R1 with ISP dates of 10/25/07 and 4/11/08, 2. Resident R2 with ISP dates of 11/8/07 and 1/30/08, 3. Resident R3 with ISP dates of 11/7/07, 4/2/08, and 5/5/08, 4. Resident R4 with ISP dates of 8/23/07, and 4/3/08. The ISP's listed above had no signature from a licensed nurse to signify the ISP's had been reviewed by a licensed nurse.  B) In an interview with staff S47 on 6/3/08 at 1:40 PM, staff S47 acknowledged the ISP's for residents R1 through R4 had not been reviewed by a licensed nurse at least every 6 months.	A27		
A45	7 NMAC 8.2.45 Heating, Ventilation & 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 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	A45	<b>ID PREFIX TAG A45</b> 7.8.2.45 G. Outside air used for ventilation must be screened for the control of insects.  Resident rooms 135, 139, 141, 102, 113, 115, 121, 122, 124, 125, 126, 132, and the staff time clock room will have screens replaced. Antenna wire will be re-routed as to not disturb the screen. Routine building inspections will be done for preventative maintenance. Date of Completion: 7-4-08 and ongoing	7-4-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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
A45	<p>Continued From page 2</p> <p>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.</p> <p>D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms.</p> <p>E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>[ 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, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45 G. Outside air used for ventilation must be screened</p> <p>Based on observation and interview the facility failed to have all openings used for outside air ventilation screened for the control of insects. The findings are:</p>	A45		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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
A45	Continued From page 3  A) Tour of the facility on 6/3/08 at 7:20 AM revealed the following: 1. Resident room # 135 was missing the window screen, 2. Resident room #'s 139 and 141 had wide gaps at the top of the window screens, 3. Resident room # 102 had a hole in the window screen, 4. Resident room #'s 113 and 115 had wide gaps along the edges of the window screen, 5. Resident room # 121 had torn screens on 3 windows and the windows were open, 6. Resident room # 122 had wide gaps where window screen frame was bent, 7. Resident room # 124 had a wide gap at the bottom of the window screen due to a TV antenna wire protruding through it, 8. Resident room # 125 had a torn window screen, 9. Resident room # 126 was missing the window screen, 10. Resident room # 132 was missing the window screen and the window was open, and 11. The staff time clock room was missing the window screen. All windows listed have the capability to be opened for outside air ventilation.  B) In an interview with the administrator and staff S40 on 6/4/08 at 10:13 AM while touring the facility, the administrator and staff S40 acknowledged the above listed deficiencies with the window screens.	A45		
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:	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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	<p>Continued From page 4</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: TITLE 7 HEALTH CHAPTER 1 HEALTH GENERAL PROVISIONS PART 9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS.</p> <p>7.1.9.8 D. (1-3)</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and</p>	A66	<p><b>ID PREFIX TAG A66</b> 7.1.9.8 D (1-3) Application; in order for a nationwide criminal history record to be obtained and processed all necessary documents and fees shall be submitted to the department in a timely manner.</p> <p>Employee records audit will be done for any documents that the CCHS requires. Timely submission of these documents and fees will be submitted to CCHS for listed and new employees.</p> <p>Date of Completion: 7-4-08 and ongoing</p>	7-4-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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	<p>Continued From page 5</p> <p>the federal bureau of investigation submitted using black ink.</p> <p>Refers to 7.1.9.8 D. (1 - 3)</p> <p>Based on record review and interview the facility failed to have documentation that the Caregiver Criminal History Screening (CCHS) Requirements for employees had been met for 4 of 8 employees (S40, S41, S42, and S43).</p> <p>A) Record review of employee files revealed no documentation that an application, personal identification, release of information, fingerprint cards, or fees were submitted to CCHS for staff S40, S41, S42, and S43 with the following hire dates:</p> <ol style="list-style-type: none"> <li>1) staff S40 with a hire date of 4/14/08,</li> <li>2) staff S41 with a hire date of 5/14/08,</li> <li>3) staff S42 with a hire date of 3/13/08, and</li> <li>4) staff S43 with a hire date of 4/14/08.</li> </ol> <p>B) In an interview with the administrator on 6/2/08 at 2:12 PM, the administrator was informed of the lack of CCHS documentation for S40, S41, S42, and S43. In the exit interview on 6/4/08 at 11:30 AM with the administrator and the regional coordinator, the administrator did not produce any CCHS documentation for staff S40, S41, S42, or S43.</p> <p>7.1.9.8 F.</p> <p>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</p>	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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	<p>Continued From page 6</p> <p>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>Refers to 7.1.9.8 F.</p> <p>Based on record review and interview the facility failed to have documentation that the Caregiver Criminal History Screening (CCHS) fees and application information had been submitted within 20 days of date of hire for 4 of 8 employees (S40, S41, S42, and S43).</p> <p>A) Record review of employee files revealed no documentation that an application, personal identification, release of information, fingerprint cards, or fees were submitted to CCHS for staff S40, S41, S42, and S43 with the following hire dates:</p> <ol style="list-style-type: none"> <li>1) staff S40 with a hire date of 4/14/08,</li> <li>2) staff S41 with a hire date of 5/14/08,</li> <li>3) staff S42 with a hire date of 3/13/08, and</li> <li>4) staff S43 with a hire date of 4/14/08.</li> </ol> <p>B) In an interview with the administrator on 6/2/08 at 2:12 PM, the administrator was informed of the lack of CCHS documentation for S40, S41, S42, and S43. In the exit interview on 6/4/08 at 11:30 AM with the administrator and the regional coordinator, the administrator did not produce any CCHS documentation for staff S40, S41, S42, or S43.</p> <p>7.1.9.8 G.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees</p>	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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	<p>Continued From page 7</p> <p>and contractors evidencing compliance with the act and these rules.</p> <p>Refers to 7.1.9.8 G.</p> <p>Based on record review and interview the facility failed to have any documentation that the Caregiver Criminal History Screening (CCHS) Requirements for employees had been met for 4 of 8 employees (S40, S41, S42, and S43).</p> <p>A) Record review of employee files revealed no documentation that an application, personal identification, release of information, fingerprint cards, or fees were submitted to CCHS for staff S40, S41, S42, and S43 with the following hire dates:</p> <ol style="list-style-type: none"> <li>1) staff S40 with a hire date of 4/14/08,</li> <li>2) staff S41 with a hire date of 5/14/08,</li> <li>3) staff S42 with a hire date of 3/13/08, and</li> <li>4) staff S43 with a hire date of 4/14/08.</li> </ol> <p>B) In an interview with the administrator on 6/2/08 at 2:12 PM, the administrator was informed of the lack of CCHS documentation for S40, S41, S42, and S43. In the exit interview on 6/4/08 at 11:30 AM with the administrator and the regional coordinator, the administrator did not produce any CCHS documentation for staff S40, S41, S42, or S43.</p> <p>TITLE 7 HEALTH CHAPTER 1 HEALTH GENERAL PROVISIONS PART 12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and</p>	A66	<p><b>ID PREFIX TAG A66</b></p> <p>7..1.12.8 Provider is to inquire of abuse registry prior to employing whether individual under consideration for employment is listed on the registry.</p> <p>Employee record audit will be done. Facility will inquire with the Employee Abuse Registry for employees hired after the effective date of this ruling. All new employees will be inquired about through the registry prior to employment. Facility will document inquiries with the registry.</p> <p>Date of Completion: 7-4-08 and ongoing</p>	7-4-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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	<p>Continued From page 8</p> <p>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) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>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.</p> <p>Refer to 7.1.12.8 A.</p> <p>Based on record review and interview the facility failed to inquire with the Employee Abuse Registry prior to dates of hire for 5 of 6 employees hired after the effective date of this ruling (S40, S41, S42, S43, and the administrator). The findings are:</p> <p>A) Record review on 6/2/08 revealed no documentation that inquiry was made with the Employee Abuse Registry prior to date of hire for employees S40, S41, S42, S43, and the administrator with the following dates of hire:</p> <ol style="list-style-type: none"> <li>1) S40 with a hire date of 4/14/08,</li> <li>2) S41 with a hire date of 5/14/08,</li> <li>3) S42 with a hire date of 3/13/08,</li> <li>4) S43 with a hire date of 4/14/08, and</li> </ol>	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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 9  5) the administrator with a hire date of 4/28/08.  B) In an interview with the administrator on 6/2/08 at 2:15 PM, the administrator acknowledged inquiries to the Employee Abuse Registry were not done for 5 of 6 of the employees hired in the last three months.  7.1.12.8 D.  D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee ' s personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.  Refers to 7.1.12.8 D.  Based on record review and interview the facility failed to have documentation of inquiries with the Employee Abuse Registry for 5 of 6 employees hired after the effective date of this ruling (S40, S41, S42, S43, and the administrator). The findings are:  A) Record review on 6/2/08 revealed no documentation that inquiry was made with the Employee Abuse Registry for employees S40, S41, S42, S43, and the administrator. All of these employees have hire dates after the effective date of this ruling (Jan. 1, 2006). 1) S40 with a hire date of 4/14/08,	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONBLOOM ASSISTED LIVING COMMUNI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5525 COTTONBLOOM COURT LAS CRUCES, NM 88005</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 10  2) S41 with a hire date of 5/14/08, 3) S42 with a hire date of 3/13/08, 4) S43 with a hire date of 4/14/08, and 5) the administrator with a hire date of 4/28/08.  B) In an interview with the administrator on 6/2/08 at 2:15 PM, the administrator acknowledged inquiries to the Employee Abuse Registry were not done for 5 of 6 of the employees hired in the last three months.	A66		