

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2014
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NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
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(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
A 000	Initial Comments The following deficiencies were cited during a complaint investigation survey that was completed on 04/17/14 for the New Mexico Requirements for Assisted Living Facilities for Adults, 7 NMAC 8.2. Complaint # NM29383 was substantiated.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident.	A 032		

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 032	<p>Continued From page 1</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: The following refers to paragraph 7.8.2.32 A.</p> <p>Based on record review and interview, the facility failed to comply with state of New Mexico Department of Health incident reporting requirements by not reporting unwitnessed falls for 5 (#1,2,3,4,6) of 7 (#1,2,3,4,5,6,7) sampled residents. This deficient practice increases the likelihood that residents would be subject to abuse or neglect by caregivers who would not be identified, disciplined, or placed on the employee abuse registry to preclude them from performing similar acts in the future. The findings are:</p> <p>A. On 04/15/14 at 2:15 pm during telephonic interview, an investigator for APS (Adult Protective Services) reviewed her APS investigation report that involved an unwitnessed fall suffered by a facility resident (#1). During her review, she stated, "No incident report to the state was written."</p> <p>B. On 04/16/14 at 2:15 pm during interview, the facility Executive Director, while verbally reviewing the results of the facility's investigation of the same incident that was investigated by APS, verified that no incident report had been submitted to DOH (Department of Health).</p> <p>C. On 04/16/14 at 2:30 pm during interview, the Executive Director reviewed a second incident involving another fall suffered by a second facility</p>	A 032		

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A 032	Continued From page 2 resident (#2). She stated that this incident was also not reported to DOH. D. Review of a sample of 5 additional residents who had fallen revealed that 3 residents (#3, 4, and 6) had suffered falls which were reportable to the state DOH because they were injuries of unknown origin. None of those falls had been reported. E. On 04/17/14 at 1:30 pm, during interview, the Nurse Care Manager verified that injuries of unknown origin were not being reported to the Department of Health.	A 032		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010]	A 070		

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A 070	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General:</p> <p>The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider ' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose appropriate administrative sanctions and penalties.</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 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>	A 070		

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A 070	<p>Continued From page 4</p> <p>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>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver ' s clearance, pending reconsideration, or disqualification.</p> <p>7.1.8.11 CONSIDERATIONS FOR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES:</p> <p>Before intermediate sanctions or civil monetary penalties are imposed, they will be reviewed and approved by the director of the public health division or his/her designee. The following factors shall be considered by supervisory personnel of the licensing authority when determining whether to impose one or more intermediate sanctions or civil monetary penalties:</p> <p>A. death or serious injury to a patient, resident or client;</p> <p>B. abuse, neglect or exploitation of a patient, resident or client;</p> <p>7.1.8.13 CIVIL MONETARY PENALTIES; INITIAL BASE PENALTY: The department shall impose civil monetary penalties in accordance with these regulations on licensed facilities, not to exceed five thousand dollars (\$5,000) per day.</p> <p>B. Civil monetary penalty; initial base penalty amount: The licensing authority has the discretion to impose an initial base penalty at any amount within the range for each deficiency level.</p> <p>(1) Class A deficiency: not less than \$500 and not greater than \$5,000.</p>	A 070		

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A 070	<p>Continued From page 5</p> <p>(2) Class B deficiency: not less than \$300 and not greater than \$3,000.</p> <p>Based on document review and interview, the facility failed to conduct caregivers criminal history screening for 15 caregivers employed at the facility for over 20 days. This deficient practice increases the possibility that persons who are prohibited from working with residents because they have committed prior excludable acts will be reemployed in prohibited positions. There is a potential for increased harm to all 70 residents. This information was provided by the Business Office Coordinator on 06/02/14 at 2:30 pm. The findings are:</p> <p>A. On 04/17/14 at 3:45 pm, the facility Executive Director produced an updated list of all 58 facility caregivers. On the list, the names of 22 were color-coded to signify that they had not received CCHSP clearances. Based on the color-code key, 15 of the 22 caregivers (#1, 8, 11, 13, 19, 28, 32, 37, 38, 40, 43, 44, 46, 57, 58) had been working at the facility for over 20 days.</p> <p>B. On 04/17/14 at 3:45 pm, during interview, the Executive Director verified that 15 of the 22 caregivers(#1, 8, 11, 13, 19, 28, 32, 38, 40, 43, 44, 46, 57, 58) had been employed at the facility for over 20 days. She stated that she was waiting for a check from the corporate office that would cover costs associated with the caregiver's criminal history screening.</p>	A 070		