Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
SECOND SET 2nd Notice	5842	A. BUILDING _____ B. WING _____	10/09/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNEY FAMILY HOME, INC	2021 BARBARA AVENUE GALLUP, NM 87301

(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	7 NMAC 8.2.17 Personnel 7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following: A. Qualifications for all professional and non-professional disciplines. B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care. 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. D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17 - Training Based on record review and interview the facility failed to ensure all employees had all required training for 1 of 8 staff. The findings are:	A17	Scanned 2/13/09 JN Page, 1 A17 1. We will audited Staff # 3's chart and updated all her documentation for assisting medication training. 2. We will audit all staff member's charts and will update any missing documentation for assisting medication training. 3. The manager will monitor all employees' training to ensure that all documentation is in place. 4. This will be completed by December 31, 2008.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Director (X6) DATE 2/10/09

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A17	Continued From page 1 A.) On 10-7-08 at 2:00 PM during record review it was noted that Staff #3 did not have assisting with medications training. B.) On 10-7-08 at 2:00 PM during interview with the facility manager, she acknowledged there was no documentation of the training available.	A17		
A21	7 NMAC 8.2.21 Admission Records 7.8.2.21 ADMISSION RECORDS: A. In addition to the resident record requirements, the facility must maintain for each resident, the following: B. The resident's written acknowledgement that the facility, prior to or at the time of admission, provided the resident with, and answered any resident questions regarding: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. Such law includes: Uniform Health Care Decisions Act, Section 24-7A-1 et. seq., NMSA 1978, as amended; New Mexico Durable Power of Attorney for Health Care Decisions, Section 45-5-501, et.seq., NMSA 1978, as amended; New Mexico Living Will and Declaration under the Right to Die Act Section 24 -7-1 et seq., NMSA 1978, as amended. [4-7-97, 7.8.2.21 NMAC - Rn, 7 NMAC 8.2.21, 8-31-00] This REQUIREMENT is not met as evidenced	A21		

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A21	Continued From page 2 by: 7.8.2.21(B) - Admission Documents Based on record review and interview, the facility failed to ensure that resident records contained all the required elements for 7 of 7 sampled residents (#1-7). The findings are: A. On 10/7/08 at 1:30 PM, during review of resident records, it was noted that the following documentation was not included in the file of residents: 1. Written acknowledgement of the program narrative - Resident #1-7 2. Facility rules - Resident #3, 4, & 7 3. Bed hold policy - Resident #1, 3-7 4. Information about the resident's right to make decisions regarding health care, including the right to make advance directives - Resident #1-7 5. Admission Agreement - Resident #1 B. On 10/7/08 at 1:30 PM, during interview with the manager, she acknowledged that this documentation was not present.	A21	Page, 3 A21 1. We audited Residents # 1-7 and the form for program narrative has been placed in each chart. We audited for facility rules for Residents # 3, 4 & 7 and the facility rules has been place in each chart. We audited for bed hold policy in Residents # 1, 3-7 and placed the bed hold policy in each chart. We audited the Resident # 1-7 for information about the resident's right to make decisions regarding health care, including the right to make advance directives and have placed these forms in each chart. We audited Resident #1 for admission agreement and have placed those forms in their chart. 2. We will audit all resident's charts and ensure that all documentation is in place for all resident.. 3. The manage will audit the resident's chart every 90 days for six months then every six months thereafter. 4. This will be completed by October 11, 2008.	
A22	7 NMAC 8.2.22 Resident Records 7.8.2.22 RESIDENT RECORDS: A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission:	A22		

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A22	Continued From page 3	A22		

(a) An executed admission agreement.
(b) A completed resident assessment form.
(c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical.
(d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers.
(3) Within thirty (30) days of admission:
(a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission.
(b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and diet required.
(c) Any amendments to the admission agreement.
(d) The current completed resident assessment form.
(e) A completed and current individual service plan.
(f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the

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entry and shall include significant information related to the individual service plan.

(g) Entries providing a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention, and entries reflecting appropriate follow-up. The maintenance of such written record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility.

(h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications.

(i) Date, time and progress note of health services provided by any contract agency.

(j) Unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures.

(k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility.

(l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care

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A22	Continued From page 5 facility, upon death or transfer. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge. (4) There must be a policy and procedure in place for record retention in the event of facility closure. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.22.A.(3) (h) Based on record review and interview the facility failed to ensure that a written consent for staff to assist with administration of medications was signed and dated by resident or guardian, for 2 of 7 residents. The findings are: A. On 10-7-08 at 1:30 PM, during record review it was noted that Resident #5 and #6 had no written consent for staff to assist with administration of medications available. B. On 10-7-08 at 1:30 PM during an interview with the manager, she acknowledged the	A22	Page, 6 A 22 1. We audited Resident #5 and #6 for written consent for staff to assist with administration of medications. We have placed these forms in the resident's charts. 2. We will audit all resident's charts to ensure that all documentation is placed in the charts at time of admission. 3. The manager will monitor the Resident's charts every 90 days for 6 months and then every 6 months thereafter. 4. This will be completed by October 11, 2008.	

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A22	Continued From page 6 documentation was not present.	A22		
A23	7 NMAC 8.2.23 Fac, reports, Recs., P & RS & 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 fire drills.	A23		

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A23	Continued From page 7	A23		

(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.

(14) A copy of all WAIVERS/VARIANCES

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A23	Continued From page 8 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. (12) Program Narrative.	A23		

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A23	Continued From page 9 (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) (13) - Records Based on record review and interview the facility failed to ensure that each employee had an application for employment on file for 2 of 8 current employees. The findings are: A.) On 10-7-08 at 2:30 PM during record review it was noted that Staff #7 and #8 did not have an application for employment at the facility. B.) On 10-7-08 at 2:30 PM during interview with	A23	Page, 10 A 1. We audited Resident #5 and #6 for written consent for staff to assist with administration of medications. We have placed these forms in the resident's charts. 2. We will audit all resident's charts to ensure that all documentation is placed in the charts at time of admission. 3. The manager will monitor the Resident's charts every 90 days for 6 months and then every 6 months thereafter. 4. This will be completed by October 11, 2008.	

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A23	Continued From page 10 the facility Supervisor, she stated that 10-7-08 was her first day of employment and that she had not filed out an application or did any pre-employment paperwork. Supervisor acknowledged the applications were not present.	A23		
A33	7 NMAC 8.2.33 Reporting of Incidents 7.8.2.33 REPORTING OF INCIDENTS: A. The facility must insure that all suspected cases or known incidents of resident abuse, neglect, exploitation, and mistreatment are reported. A facility must 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 and Adult Protective Services (APS) by the next business day. In no instance may a facility delay a report to Adult Protective Services or to the Licensing Authority, while an internal investigation is being conducted. B. The facility is responsible for documenting all incidents, within five (5) days of the incident, and having on file, the following: (1) A narrative description of the incident. (2) Results of the facility's investigation. (3) The facility action, if any. [7-1-64, 9-15-70, 5-26-72, 7-11-86, 4-7-97; 7.8.2.33 NMAC - Rn 7 NMAC 8.2.33, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.33 A - Reporting of Incidents Based on record review and interview the facility failed to ensure that any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the Licensing Authority and Adult Protective Services (APS) by the next business	A33		

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A33	Continued From page 11 day. 1. On 10-7-08 at 2:30 PM during record review a hand written note was discovered, it was dated 9-11-08 by Staff #2 stating that Staff #9 had entered the facility smelling of alcohol, drove from one facility to the other, entered the facility, asked Resident #9 for money, the resident gave money to Staff #9 and staff left the facility. 2. On 10-7-08 at 2:30 PM during a narcotics count it was noted that the count was off. After questioning the discrepancy it was discovered that on 9-11-2008 the facility was notified by the McKinley County Sheriffs Department that Staff #9 had been found with a bottle of pills (Propoxyphene) bearing the name of Resident #8. 3. On 10-7-08 ar 2:30 PM during interview with Manager #5, she acknowledged that neither incident was reported to the Licensing Authority or Adult Protective Services (APS) and she was told by the owner to mind her own business.	A33	Page, 12, A33 1. Staff # 9 has be terminated because of her conduct with residents and coming to work smelling of alcohol. 2. Staff # 9 was terminated because of her conduct and being in possession of a resident's medication outside the facility without permission. Manager #5 was interview about her admission that she was told by the owner to mind her own business with the owner present and admitted that she did not hear that from the owner. 3. A training session will be set up for all employees to address incidents and exploration of resident in any form, and their reporting responsibilities of these incidents. . This training will also include policies for reporting to work under the influence of alcohol or other substance abuse and the facilities rules governing this behavior. 4. The manger will monitor these procedures and will conduct trainings for these concerns. This will completed by November 7, 2008	
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	A35		

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A35	Continued From page 12	A35		

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
SECOND SET	5842	A. BUILDING _____ B. WING _____	10/09/2008

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A35	Continued From page 13 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] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35(A) - Medication Storage Based on observation and interview, the facility failed to ensure that medications were stored under locked conditions. The findings are: A. On 10/7/08 at 1:00 PM during a tour of the facility and throughout the course of the survey, it was observed that the door to the facility office where medications were stored was unlocked and the medication storage cabinet was also unlocked. All prescription medications for the residents of the facility were in these storage compartments, one of which was the narcotic medication lorazepam.	A35	Page 14, A 35 1. A training session of proper procedure for the Medication cabinet and doors will be scheduled 2. All employees will be instructed in the importance of keeping the cabinets and doors locked when staff are away from the office. 3. The manager will monitor the office and medication doors and retrained any employee who leaves the office without locking up. 4. This will be completed by November 7, 2008.	

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A35	Continued From page 14 B. On 10/7/08 at 3:45 PM during interview with the on site Manager, she acknowledged the issue.	A35		
A36	7 NMAC 8.2.36 Medications 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting	A36		

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A36	Continued From page 15	A36		

medications administered to residents, including over-the-counter medications. This documentation shall include:

(1) Name of resident.
(2) Date started.
(3) Drug product name.
(4) Dosage and form.
(5) Strength of drug.
(6) Route of administration (e.g. "by mouth").
(7) How often medication is to be taken.
(8) Time taken and staff initials.
(9) Dates when the medication is discontinued or changed.
(10) The name and initials of all staff administering medications.

G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.

H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions:

(1) The resident is capable of determining when the medication is needed.
(2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include:
(a) Symptoms that might indicate the use of the medication.
(b) Exact dosage to be used.
(c) The exact amount of medication to be used in a 24 hour period.
(d) Directions as to what to do if the symptoms persist.
(e) Possible interactions or side-effects that might occur.

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A36	Continued From page 16 (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36F - Documentation of medications administered Based on direct record review, observation, and interview, the facility failed to ensure that narcotic class medications were documented in accordance with federal and state regulations for 1 resident (Resident #1). The findings are: A. On 10/7/08 at 1:50 PM during review of physician orders for Resident #1, it was noted that she was prescribed Lorazepam 1mg to be taken orally 1x per day as needed. Review of the narcotic count log, it was noted that the current count was 31 tablets. Finally, the 10/08 Medication Administration Record for Resident #1's Lorazepam, there was no documentation that Resident #1 had received the medication during the first seven days of 10/08. The MAR for 9/08 was requested at that time but not provided for review by the time of the exit. B. On 10/7/08 at 1:51 PM during direct observation of the narcotic medication count for Resident #1's Lorazepam, it was noted that the count equalled 28 tablets rather than the documented 31 tablets noted on the narcotic log.	A36	Page 17, a 36 1. An audit of Resident #1 and the documentation for all her Lorazepam 1mg was found and the documentation brought up to date. 2. An audit of all Residents will be conducted and each controlled substance will be counted and documentation to the number and times medication are given. A copy of the MAR is attached showing that the Lorazepam was to be given as needed. 3. The manager will schedule a training session for the employees on the assistance and documentation of controlled substances. 4. This will be completed by November 7, 2008.	

Mary Teosie

BONNEY FAMILY HOME

Controlled Drugs

MONTH: Sept. 9-24- 30 YEAR: 08

DATE	TIME	AMT GIVEN	AMT LEFT	Signature	Drug Name & Directions
1					Lorazepam 1mg take one tablet by mouth as needed for Anxiety, up to one a day for sleep or Anxiety.
9-26 2	0900		29	Maria Lopez	
3					
4					
9-27 5	1200		28	Maria Lopez	
6					
7					
8				* Corrected & recounted the prescription there was only 30 dispensed - not 31 - therefore there is only (2) missing.	
9					
10					
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A66	Continued From page 25 Refer to NMAC 7.1.13.10(E) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet Based on record review and interview, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 9 of 9 of sampled resident files. The findings are: A. On 10/9/08 at 1:00 PM during review of resident files, it was noted that none of the files reviewed had documentation of notification to family members/guardians regarding incident reporting. B. On 10/9/08 at 2:00 PM during interview with the Owner, she acknowledged the documentation was not present.	A66	Page 25 A 66 1. A training session for Incident Reporting, Intake, Processing and Training Requirements will be scheduled on November 10, 2008 and all employees will be required to attend. 2. All employees' folders will be audited for the documentation of this training for the Incident Reporting, Intake Processing & Training and the curriculum will be made available.. 3. The manager will monitor all training documentation and ensure that the folders are kept up to date. 4. This will be completed by November 10, 2008 Page 25, A66 1. A training session will be scheduled on November 10th and all employees will be required to attend. 2. All employees' folder will be audited and documentation will be placed where needed. 3. The manager will monitor all training documentation and ensure the folders are kept up to date.	

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A36	Continued From page 17 c. On 10/7/08 at 1:55 PM during interview, the on-site Manager acknowledged the issue with the narcotic count and resultant lack of documentation. Refer to NMAC 7.8.2.36 (G) - Medications Based on observation and interview, the facility failed to ensure that medications removed from the pharmacy container were given immediately and documented by the person assisting. This has the potential to impact 100% of facility residents. The findings are: A. On 10/7/08 at 1:00 PM during tour of the facility, it was noted that an unlocked metal box located in the facility office contained various medications prepoured out of their respective pharmacy containers. B. On 10/7/08 at 2:30 PM during interview with the on-site Manager, she confirmed that medications were pre-poured.	A36	Page 18, a 36 1. A training session will be conducted to ensure the staffs will not prepoured medications. The metal box has been removed from the facility. 2. A training session will be conducted for all employee about the miss use of prepouring medications. 3. The manager will monitor the training session and will be responsible for removing the metal box. 4. This will be completed by November 7, 2008.	
A63	7 NMAC 8.2.63 Staff & Resident Fire & SafetyTraining 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation.	A63		

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A63	Continued From page 18 B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.63(1) - Fire Drills	A63		

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A63	Continued From page 19 Based on record review and interview, the facility failed to ensure that fire drills are conducted monthly. The findings are: A. On 10/7/08 during review of the facility fire drill log, it was noted that there was no documentation available for a 1/08 drill. B. On 10/7/08 during interview with the on-site Manager, she confirmed that a drill for 1/08 was not documented.	A63	Page 19, A 63 1. The documentation for the fire drill for 1/08 was found and a copy has been attached. 2. A training session will be conducted with all employees about the necessaty of doing fire drills and documenting them. 3. The manager will conduct the fire drills and ensure that documentation is in place as soon as the fire drill is over. 4. This will be completed by October 24, 2008.	
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 7.1.13.10(F) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Posting of Incident Management Information Poster for Fiscal Year 2009 IMB training Based on observation and interview, the facility failed to ensure that the division 2009 Incident	A66		

Facility Name: BONNEY FAMILY HOME INC

Date: 1-5-08 Time of day: 8AM Supervisor: Juliana Bonney

SUMMARY OF EVENT: Alarm Sounded -
Residents were in their rooms - Closed all doors

OUTCOME: Every thing fine.

EVACUATION TIME: (minutes) 2 Min.

EMPLOYEE PARTICIPATION:

Maria Lopez
Zelda Cadman

ALARM SYSTEM/SMOKE DETECTORS CHECKUP-UPDATE:
Monthly

CONCERNS/COMMENTS:

EMPLOYEE CONDUCTING DRILL:
Maria

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A66	Continued From page 20 Management Information poster was posted as required. The findings are: A. On 10/7/08 at 2:30 PM and throughout the course of the survey, it was noted that the 2009 Incident Management Information Poster was not seen posted anywhere in the facility. B. On 10/7/08 at 2:30 PM during an interview with the Manager, she acknowledged the matter. Refer to NMAC 7.1.9.8 - 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. 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 1 of 8 employee files reviewed (Staff #1). The findings are: A. On 10/9/08 at 2:00 PM during review of employee records, it was noted that Staff #1, did not have on file a CCHS on file subsequent to hire within the required timeframe nor documentation of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframe. B. On 10/9/08 at 2:00 PM during interview with the Manager, she acknowledged the issue.	A66	Page 21, A 66 1. The poster for the Incident Management have been posted. 2. All posters will be audited to ensure that the newest ones are in place. 3. The manager will monitor the placement and dates of all posters. 4. This will be completed by November 28, 2008.	

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A66	Continued From page 21 Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry prior to offer of employment to applicants. 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 4 of 8 staff. (Staff #1, #3, #4 and #7). The findings are: A. On 10/9/08 at 2:00 PM during review of the employee files it was noted that Staff #1, #3, #4 and #7 did not have written documentation in their files of search on the EAR database using the individual's identifying information. B. On 10/9/08 at 2:00 PM during interview with the Manager, she acknowledged the issue. Refer to NMAC 7.1.13.9(B)(2) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Reporting Requirements using Division Incident Report Form	A66	Page 21& 22 A 66 1. Staff #1, copy of her clearance from the state was received on October 30, 2008. A copy is attached. 2. All staff folders will be audited for missing documentation to ensure that this problem will not occur again. 3. The manager will monitor employee folder to ensure that all documentation is in place. 4. This will be completed by November 10, 2008 Page 22, A 66 1. Staff #1, #3, #4, and #7 has been audited and the EAR database has been checked and documentation will be in place. 2. All Staff will be audited to ensure that EAR documentation will be in place. 3. The manager will monitor employee folders and ensure that EAR documentation is in place. 4. November 28, 2008.	

NEW MEXICO DEPARTMENT OF HEALTH

Alfredo Vigil, MD
Secretary Designate

Building a Healthy New Mexico!

Bill Richardson Governor

Katrina Hotrum
Deputy Secretary

Duffy Rodriguez
Deputy Secretary

Jessica Sutin
Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

NOTIFICATION OF CLEARANCE

October 30, 2008

Ms. Juliana Bonney
Director
BONNEY FAMILY HOME
2021 Barbara Ave.
Gallup, NM 87301

RE: MERANDA CASIAS
220366

Dear Ms. Bonney:

This letter is notification, as required by the Caregivers Criminal History Screening Act, 29-17-2 through 29-17-5 NMSA 1978, that no disqualifying convictions were reported for the above referenced applicant, caregiver, or hospital caregiver by the Federal Bureau of Investigations or the New Mexico Department of Health. This final clearance is based on information received through a nationwide and statewide criminal history screening, using fingerprints and other information submitted for that purpose by the referenced applicant, caregiver, or hospital caregiver.

A care provider who employs caregivers must maintain records for all employed caregivers, showing compliance with the Caregivers Criminal History Screening, Section 29-17-5(H) NMSA 1978. To satisfy such requirement, this letter of notification must be available for inspection as required by New Mexico Department of Health rule 7.1.9 NMAC for the duration of the referenced applicant, caregiver, or hospital caregiver's employment.

If you have any questions or require additional information, please contact our office at (505) 476-0801.

Sincerely,

Gil Mendoza, Program Manager
Caregivers Criminal History Screening Program

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BONNEY FAMILY HOME, INC	2021 BARBARA AVENUE GALLUP, NM 87301

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A66	Continued From page 22 Based on record review and interview, the facility failed to ensure that the most current incident reporting form was available for use by staff of the facility. The findings are: A. On 10/9/08 at 2:15 PM during review of the administrative files, it was noted that the required form for documentation for abuse, neglect and exploitation, and reporting requirements was not among facility paperwork. B. On 10/9/08 at 2:15 PM during interview with the Manager, she acknowledged the documentation was not present. Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. Based on record review and interview, the facility failed to ensure training on Incident Management System with the required curriculum for 100% of staff. The findings are: A. On 10/9/08 at 2:00 PM during review of the employee files it was noted that the required training documentation for abuse, neglect and	A66	Page 23, A 66 1. The form for documentation of abuse, neglect and exploitation and reporting requirement has been placed at the facility. 2. All required forms will be audited to ensure that they are available. 3. The manager will monitor the forms to ensure that they are always available. 4. This will be completed by November 7, 2008. Page 23 & 24, A 66 1. A training session will be scheduled on November 10, 2008 and all employees will be required to attend. 2. All employees' folders will be audited for the documentation of this training. 3. The manager will monitor all training documentation and ensure that the folders are kept up to date. 4. This will be completed by November 10, 2008	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING _____ B. WING _____	10/09/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A66	Continued From page 23 exploitation, and reporting requirements for NMAC 7.1.13 for the fiscal year 2009 was not among administrative paperwork. B. On 10/9/08 at 2:00 PM during interview with the Manager, she stated that she had not had the training. Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. Based on record review and interview, the facility failed to ensure that a curriculum based on Incident Reporting, Intake, Processing and Training Requirements was available for review. This affects 100% of staff and has the potential to affect 100% of the resident population. The findings are: A. On 10/9/08 at 2:00 PM during review of the employee files it was noted the following required training documentation was missing: - NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with dates of training for the 2009 fiscal year.	A66	Page 23 & 24, A 66 1. A training session will be scheduled on November 10, 2008 and all employees will be required to attend. 2. All employees' folders will be audited for the documentation of this training for the fiscal year 2009. 3. The manager will monitor all training documentation and ensure that the folders are kept up to date. 4. This will be completed by November 10, 2008	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A66	Continued From page 24 B. On 10/9/08 at 2:00 PM during interview with the Manager, she stated that curriculum was not available. Refer to NMAC 7.1.13.10(D) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees Based on record review and interview, the facility failed to ensure required documentation of training on incident reporting per NMAC 7.1.13 requirements for 100% of staff. The findings are: A. On 10/9/08 at 2:00 PM during review of the employee files it was noted the following required training documentation was missing: - NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with dates of training for the 2009 fiscal year. B. On 10/9/08 at 2:00 PM during interview with the Manager, she stated that she had not had the training.	A66	Page 25 A 66 1. A training session for Incident Reporting, Intake, Processing and Training Requirements will be scheduled on November 10, 2008 and all employees will be required to attend. 2. All employees' folders will be audited for the documentation of this training for the Incident Reporting, Intake Processing & Training and the curriculum will be made available.. 3. The manager will monitor all training documentation and ensure that the folders are kept up to date. 4. This will be completed by November 10, 2008 Page 25, A66 1. A training session will be scheduled on November 10th and all employees will be required to attend. 2. All employees' folder will be audited and documentation will be placed where needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A66	Continued From page 25 Refer to NMAC 7.1.13.10(E) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet Based on record review and interview, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 9 of 9 of sampled resident files. The findings are: A. On 10/9/08 at 1:00 PM during review of resident files, it was noted that none of the files reviewed had documentation of notification to family members/guardians regarding incident reporting. B. On 10/9/08 at 2:00 PM during interview with the Owner, she acknowledged the documentation was not present.	A66	3. The manager will monitor all training documentation and ensure the folders are kept up to date. 4. This will be completed by November 10, 2008. Page 26 A 66 1. The required form has been modified for incident reporting and the family notification has been added. 2. All Forms have been audited and the necessary requirements have been added. 3. The manager will monitor all forms to ensure all information is included. 4. This will be completed by November 7, 2008	