STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2182	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA MIS ABUELOS, LLC	4916 LARCHMONT DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG 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 survey completed on 10/08/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint intake #37706 was unsubstantiated with deficiencies cited.	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	A 032		

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A 032	Continued From page 1 incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) B Refer to 7.1.13.7 W. & 8 B. (2) W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the	A 032		

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A 032	Continued From page 2 preparation of the incident report form. Based on record review and interview, the facility failed to ensure that: 1. An incident of alleged sexual abuse was reported to the Licensing Authority within twenty-four (24) hours or the next business day if a holiday or weekend. 2. The facility submitted a follow-up investigation report with in 5 business days from the incident to the Licensing Authority. This deficient practice has the potential for all 6 (R #s 1-6) residents identified on the census provided by Direct Care Staff (DCS #1) on 10/08/19 to be at risk of harm, illness, injury if there is no oversight by the Licensing Authority because the facility does not submit incident reports or 5-day investigation follow-up reports. The findings are: A. Record review of facility's internal incident report dated 06/07/19 for R #2 stated that the Administrator received a call from the Hospice Director stating that a comment was made by a DCS to the hospice aide for R #1 stating that one of the [redacted] residents (R #2) [redacted] B. Record review of the facility's internal incident report dated 06/07/19 and 5-day investigation follow-up report not dated revealed no documentation that the reports were ever submitted to the Licensing Authority. C. On 10/09/19 at 12:10 pm, during an interview with the Administrator, he confirmed that neither the incident or the 5-day follow-up investigation report were reported to the Licensing Authority.	A 032		

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