STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

(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 Revisit/Follow-up survey completed on 01/22/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
{A 017}	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with	{A 017}		

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{A 017}	Continued From page 1 medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 A C (1-2) (4-12) This is an uncorrected deficiency from survey dated 02/13/18. Based on record review and interview, the facility failed to ensure that 4 (DCS #s 1-4) of 4 (DCS #s 1-4) Direct Care Staff received the following required trainings and provided supporting documentation: 1. Sixteen (16) hours of supervised training prior to providing unsupervised care for residents. 2. Twelve (12) hours of required orientation and annual training. This deficient practice has the potential for all residents to be at risk of harm or injury if staff have not received training on the proper methods of providing care and services. The findings are: A. Record review of DCS #s 1-3 employee files revealed: 1. No documentation for sixteen (16) hours of supervised training prior to unsupervised care for the residents. 2. There was no documentation that the	{A 017}		

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{A 017}	Continued From page 2 following trainings were completed during orientation training: a. Fire safety and evacuation training. b. First aid. c. Confidentiality of records and resident information. d. Infection control. e. Resident rights. f. Reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. g. Smoking policy for staff, residents and visitors. h. Methods to provide quality resident care. i. Emergency procedures. j. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISPs. B. Record review of DCS #4 (date of hire 02/09/16) revealed no documentation that the following trainings were completed annually: a. Fire safety and evacuation training. b. First aid. c. Confidentiality of records and resident information. d. Infection control. e. Resident rights. f. Reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. g. Smoking policy for staff, residents and visitors. h. Methods to provide quality resident care. i. Emergency procedures. j. Medication assistance. k. The proper way to implement a resident ISP for staff that assist with ISPs.	{A 017}		

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{A 017}	Continued From page 3 C. On 01/16/19 at 2:47 pm, during an interview with the Manager, he confirmed the findings as listed above, and that DCS #s 1-4 were missing documentation of sixteen (16) hours of supervised training prior to providing unsupervised care, and twelve (12) hours of required orientation and annual training.	{A 017}		
{A 020}	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13	{A 020}		

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{A 020}	Continued From page 4 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit.	{A 020}		

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{A 020}	Continued From page 5 Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to	{A 020}		

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{A 020}	Continued From page 6 remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20	{A 020}		

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{A 020}	Continued From page 7 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (4-5) (8-9, 12) (a-e) (i) (ii) (iii) (13) Refer to Senate Bill (SB) 0335 - 2013 This is an uncorrected deficiency from survey dated 02/13/18 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal	{A 020}		

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{A 020}	Continued From page 8 belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents, whose admission agreements were reviewed for compliance were accurate, complete, and included the following required information: 1. Facility's rules. 2. The costs of services and the method of payment. 3. A refund provision in case of death that complied with state statutes for a prorated refund. 4. Facility's staffing ratio. 5. Notification of rights and responsibilities pursuant to the incident reporting intake, processing, and training requirements. 6. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident under	{A 020}		

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{A 020}	Continued From page 9 the following circumstances: a. There shall be a fifteen (15) day written notice of termination given. b. Resident fail to pay. c. Facility fail to operate. d. Resident's health improves. e. Termination without prior notice for emergency situations: i. Transfer or discharge necessary for safety and welfare. ii. Residents needs cannot safely be met by the facility. iii. Safety and health of other residents and staff are endangered. 7. Facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost of services. This deficient practice has the potential for residents to be at risk of: 1. Not being aware of the services provided by the facility. 2. Being exploited if cost of services are changed after admission and residents are unable to pay, because of not knowing the correct payment method. 3. Resident's estate or responsible party unaware of any refund that may be due. 4. Being misinformed regarding the number of direct care staff that will be available to assist residents on each shift. 5. Not being informed of their rights and responsibilities and the process of staff training requirements in reporting of injuries or incidents of suspected Abuse, Neglect, or Exploitation. 6. Being discharged before an appropriate placement was found. 7. Being charged for new/changed care services without the appropriate 30-day notice	{A 020}		

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{A 020}	Continued From page 10 The findings are: A. Record review of R 1's admission agreement (dated 04/06/18) revealed the following missing information: 1. Facility's rules. 2. Refund policy for death. 3. Facility's staffing ratio. 4. Notification of rights and responsibilities pursuant to the incident reporting intake, processing, and training requirements. 5. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident under the following circumstances: a. There shall be a fifteen (15) day written notice of termination given. b. Resident fail to pay. c. Facility fail to operate. d. Resident's health improves. e. Termination without prior notice for emergency situations; i. Transfer or discharge for necessary for safety and welfare. ii. Residents needs cannot safely be met by the facility. iii. Safety and health of other residents and staff are endangered. 6. Facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost of services. B. Record review of R #s 2 & 3 admission agreements (dated [redacted]/18 and [redacted]/19) revealed the following missing information: 1. Refund policy for death. 2. Facility's staffing ratio. 3. Notification of rights and responsibilities pursuant to the incident reporting intake, processing, and training requirements.	{A 020}		

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{A 020}	Continued From page 11 4. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident under the following circumstances: a. There shall be a fifteen (15) day written notice of termination given. b. Resident fail to pay. c. Facility fail to operate. d. Resident's health improves. e. Termination without prior notice for emergency situations; i. Transfer or discharge for necessary for safety and welfare. ii. Residents needs cannot safely be met by the facility. iii. Safety and health of other residents and staff are endangered. 5. Facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost of services. C. Record review of R #4's admission agreement (dated [redacted]/15) facility list revealed the following missing information: 1. The cost of services and the method of payment. 2. Refund policy for death. 3. Facility's staffing ratio. 4. Notification of rights and responsibilities pursuant to the incident reporting intake, processing, and training requirements. 5. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident under the following circumstances: a. There shall be a fifteen (15) day written notice of termination given. b. Resident fail to pay. c. Facility fail to operate. d. Resident's health improves.	{A 020}		

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{A 020}	Continued From page 12 e. Termination without prior notice for emergency situations; i. Transfer or discharge for necessary for safety and welfare. ii. Residents needs cannot safely be met by the facility. iii. Safety and health of other residents and staff are endangered. 7. Facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost of services. D. On 01/16/19 at 2:39 pm, during an interview with the Manager, he confirmed that the information listed above was missing from R #s 1-4 admissions agreements.	{A 020}		
{A 022}	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the	{A 022}		

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{A 022}	Continued From page 13 current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and	{A 022}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

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{A 022}	Continued From page 14 (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. 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; (2) policy and procedure for updating and	{A 022}		

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{A 022}	Continued From page 15 consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities;	{A 022}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 022}	Continued From page 16 (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10) (a) (b) C (5 & 6) D (1-3) (8) (10) (20) (23) This is an uncorrected deficiently from survey dated 02/13/18. Based on record review and interview, the facility failed to have all the required facility specific written policies and procedures for staff and residents onsite to review. If the facility does not ensure all staff are receiving proper training and management direction (on all the required training's, policies, and procedures), then the 16 (R #s 1-16) residents on the census provided by the Manager on 01/16/19 are at risk for harm due to staff not having the required information to ensure resident health, safety, and welfare. The findings are: A. Record request for the facility's written emergency plans revealed that they were	{A 022}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

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{A 022}	Continued From page 17 missing: 1. Written emergency plans (Policies and procedures): a. For medical emergencies. b. Power failure, fire or natural disaster. i. Plans shall include evacuation. ii. Persons to be notified. iii. Emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies. iv. Plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency. 2. The emergency preparedness plan shall address two types of emergencies; a. An emergency that affects just the facility. b. A region/area wide emergency evacuation plan. B. Record request for a copy of the facility "rules" revealed that the following rules were missing: 1. Meal availability and times. 2. Resident use of common areas. C. Record request for written policies and procedures concerning the following areas were missing: 1. Actions to be taken in case of accidents or emergencies (not specific). 2. Policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission. 3. Policy for medication errors. 4. Investigating and reporting to the incident management bureau. 5. Mealtimes, daily snacks, menus, special	{A 022}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 022}	Continued From page 18 diets, resident's personal preference for eating alone or in the dining room setting. D. On 01/16/19 at 2:39 pm, during an interview with the Manager, he confirmed the findings listed above for missing facility written emergency plans, rules, and policy and procedures.	{A 022}		
{A 033}	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.	{A 033}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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{A 033}	Continued From page 19 D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without	{A 033}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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{A 033}	Continued From page 20 unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety	{A 033}		

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{A 033}	Continued From page 21 of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (4) This is an uncorrected deficiency from survey dated 02/13/2018 Based on observation and interview, the facility failed to ensure that the interior of the facility was kept clean and in good repair to maintain a safe and sanitary environment. This deficit practice has the potential for all 16 (R #s 1-16) residents identified on the census provided by the Manager on 01/16/19 and all occupants in the facility to be at risk of illness or harm if they: 1. Breath in airborne bacteria/germs. 2. Are bitten by insects that live in the dust/dirt. 3. Become injured by the broken pieces of the blinds. The findings are: A. On 01/17/19 at 9:55 am during an observation of the multipurpose room, the following was observed: 1. The vent on the ceiling was covered with dust and dirt. 2. The window blinds were broken and covered with dust and were dirty.	{A 033}		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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{A 033}	Continued From page 22 B. On 01/17/19 at 10:00 am during an interview with the Manager, he confirmed that the multipurpose room: 1. Ceiling vent was covered with dust and needed to be cleaned. 2. Window blinds were dirty, covered with dust and broken with sections of the blinds missing.	{A 033}		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy	A 037		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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A 037	Continued From page 23 the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10) This is an uncorrected deficiency from survey dated 02/13/2018 Based on observation and interview, the facility failed to ensure cleaning supplies/chemicals were kept in a secured room, closet, or cabinet. The deficient practice has the potential for all 16 (R #s 1-16) residents identified on the census provided by the Manager on 01/16/19, to be at risk of harm or injury if they were to ingest or spill cleaning supplies/chemicals on their face or body. The findings are:	A 037		

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	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

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A 037	Continued From page 24 Findings related to laundry room: A. On 01/16/19 at 3:55 pm, during an observation of the unlocked laundry room the following cleaning supplies/chemicals were observed being stored on/in unsecured shelves/cabinets and accessible to residents: 1. (1) 32 oz.(ounces) bottle stain remover. 2. (1) 33.8 oz bottle disinfecting cleaner 3. (1) 56 oz bottle liquid cleaner/deodorizer. 4. (1) 55 oz bottle bleach. 5. (1) 32.5 lb (pound) bucket laundry detergent. 6. (1) 28 oz bottle bleach cleaner. B. On 01/16/19 at 4:00 pm, during an interview with the Manager, he confirmed that the chemicals listed above were unsecured in the unlocked laundry room and accessible to residents. Findings related to East community bathroom: C. On 01/17/19 at 9:38 am, during an observation of the East community bathroom, the following cleaning supplies/chemicals were observed on a shelf in the unlocked bathroom and accessible to residents: 1. (2) 5 gallon buckets of paint. 2. (1) gallon can of paint. 3. (1) gallon bucket of sheet rock compound. D. On 01/17/19 at 10:00 am, during an interview with the Manager, he confirmed that the chemicals listed above were unsecured in the East community bathroom and accessible to residents.	A 037		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

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{A 038}	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 A This is an uncorrected deficiency from survey dated 02/13/2018 Based on observation and interview, the facility failed to ensure that the interior of the facility was kept clean and in good repair to maintain a safe and sanitary environment. This deficit practice	{A 038}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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

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{A 038}	Continued From page 26 has the potential for all 16 (R #s 1-16) residents identified on the census provided by the Manager on 01/16/19 and all occupants in the facility, to be at risk of illness or harm if they: 1. Breath in airborne bacteria/germs. 2. Are bitten by insects that live in the dust/dirt. 3. Become injured by the broken pieces of the blinds. The findings are: A. On 01/17/19 at 9:55 am, during an observation of the multipurpose room the following was observed: 1. The vent on the ceiling was covered with dust and dirt. 2. The window blinds were broken, dirty, and covered with dust. B. On 01/17/19 at 10:00 am, during an interview with the Manager, he confirmed that the multipurpose room: 1. Ceiling vent was covered with dust and needed to be cleaned. 2. Window blinds were dirty, covered with dust and broken with sections of the blind missing.	{A 038}		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage	A 042		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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(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 042	Continued From page 27 areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.42 A This is an uncorrected deficiency from survey 02/15/18. Based on observation and interview, the facility failed to ensure that the grounds were maintained in a safe and presentable condition, free from the accumulation of refuse, discarded furniture, and other items that create a hazard. This deficient practice has the potential for all 16 (R #s 1-16) residents identified on the census provided by the Manager on 01/16/19, to be at risk of being injured due to safety hazards in the back yard. The findings are: A. On 01/16/19 at 1:40 pm during an observation of the grounds of the facility, there was broken furniture observed including: 1. A metal hospital bed frame. 2. A wooden chair. 3. A wooden side table. 4. Several unspecified parts of furniture on the ground near the northwest corner of the back yard. B. On 01/16/19 at 1:45 pm, during an interview with the manager, he confirmed the observation	A 042		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	R-C 01/22/2019

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A 042	Continued From page 28 of the discarded broken furniture and unspecified parts of furniture on the ground near the Northwest corner of the building.	A 042		
{A 047}	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.47 B	{A 047}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 047}	Continued From page 29 This is an uncorrected deficiency from survey date 02/15/18. Based on observation and interview, the facility failed to ensure that the exit sign lights were in working order. This deficient practice has the potential to cause serious injury or death to all 16 (R #s 1-16) residents identified on the resident census provided by the manager on 01/16/19, if there were a fire, power outage, or other emergency that required evacuation. The findings are: A. On 01/17/19 at 10:40 am, during an observation, the emergency exit sign lights above the east exit and the north exit doors did not work when tested. B. On 01/17/19 at 11:04 am, during an interview with the Administrator, she confirmed that the exit signs on the east and north doors did not work when tested.	{A 047}		