Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5884	A. BUILDING _____ B. WING _____	11/06/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNDANCE CARE HOME	209 WEST ADAMS 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(C) - Personnel Training Based on record review and interview, the facility failed to have required staff training for 4 of 4 sampled staff. The findings are:	A17		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 11/21/08

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A17	Continued From page 1 A. On 11/4/08 at 1:00 PM, record review revealed no documentation of Confidentiality of Records and Resident and Resident Rights training for staff members for the current calendar year. B. On 11/4/08 at 1:00 PM during an interview with the manager, she acknowledged that documentation of the trainings were not present and that no curriculum for the trainings are used.	A17	**A17** **7.8.2.17C** ***Corrective Action*** Each Employee's personnel file contains a required training record which indicates the name of the training facilitator and the date that the training was conducted. The surveyor conducting the monitoring visit indicated that this was inadequate documentation. In addition to current documentation, a record of attendance, specifying the location, date, time, and facilitator, for the required trainings will be added to the training section of the Personnel file of each employee. ***Identification of affected Residents*** All residents of the facility have the potential to be affected by this deficiency ***Monitoring of corrective action*** On going review by the facility director to ensure training records are maintained in accordance with the regulations. ***Date of correction completion*** The additional documentation was added to the employee's file on Nov 11 2008. additional trainings was conducted on 11/21/2008.	
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(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	A66		

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A66	Continued From page 2 failed to ensure training on the 2009 Incident Management System for 100% staff with the required curriculum which was conducted by an attendee of the 2009 Statewide Incident Management Training. The findings are: A. On 11/4/08 at 1:00 PM during review of the employee files it was noted that the required curriculum or training documentation for 2009 Incident Management and reporting requirements for NMAC 7.1.13 was not among administrative paperwork. In addition, the Certificate of (Train the Trainer) Training available for review was dated 8/27/2003. B. On 11/4/08 at 1:03 PM during an interview with the trainer, he stated that he had not attended the 2009 Statewide Training on Incident Management and did not know its requirements.	A66	**A66** **7.8.2.66** **REF 7.1.13.10 (C)(1)(a-f)** ***Corrective Action*** Training has conducted with curriculum that meets the requirements of this statute with the documentation of the training including a signed statement indicating the date, time, and place that the instruction was held. The training was conducted by a knowledgeable representative as required in 7.1.13.10 (C) ***Identification of affected Residents*** All residents of the facility have the potential to be affected by this deficiency ***Monitoring of corrective action*** Training policy has been updated to indicate that the Incident Management System training is required to be given to all employees within 30 days of date of initial hire. ***Date of correction completion*** This deficiency was corrected with training conducted on 11/21/2008	