Division of Health Improvement

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5624	A. BUILDING _____ B. WING _____	08/28/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAMAH HOUSE LTD CO	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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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. Staff Training Based on record review and interview the facility failed to have documentation of all required staff training for 6 of 7 staff (Staff #1-5 and 7). The findings are:	A17	ED Received 09-5-08	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 9/10/08

STATE FORM — 15SE11 — If continuation sheet 1 of 16

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SEP 2008
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

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A17	Continued From page 1 A. During record review of employee files on 8/27/08 at 11:15 AM it was noted that no documentation was available for the following trainings: 1) Fire Safety - Staff #2, #3 and #7 2) Safe Food Handling practices - Staff #1, #2, #3, #4, #5 and #7 3) Confidentiality of Records and Resident information - Staff #3 and #7 4) Infection Control - Staff #1, #2, #3 and #7 5) Resident Rights - Staff #3 6) Quality Care Based on Resident Needs - Staff #3 7) First Aid - Staff - #3 and #7 B. On 8/27/08 at 11:15 AM during an interview with the Director, she acknowledged the trainings have not been done.	A17	To satisfy requirements documentation for staff Members # 1-5 and 7 will receive proper training within 30 days. If issues are not corrected with proper training the facility would be placing residents in harms way if requirements aren't Met. Monitored by up to-date documentation of training received by staff's training nurse.	9/28/08
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	A21		

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A21	Continued From page 2 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 by: Refer to 7.8.2.21 (A-B) - Admission Records Based on record review and interview, the facility failed to ensure that all the required admission records were maintained for 3 of 3 sampled residents (Resident #1, #2, #3). The findings are: A. On 8/27/08 at 10:00 AM during review of resident records, it was noted that the following documents were not found to be part of the resident's files: facility's bed hold policy. B. On 8/27/08 at 10:00 AM during interview with the Director, she stated that the facility does not have a bed hold policy in place.	A21	A Bedholding policy protocol will be constructed and implimented for future references and will be added to contract. From this point forward all resident contracts will include bedholding policy. Resident and family member, (POA) will sign bedholding policy at time of admittance.	9/28/08
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	A22		

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A22	Continued From page 3	A22		

Section 7.8.2.21 NMAC:

(2) Within five (5) days of admission:

(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

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A22	Continued From page 4 authorized to care for the resident. Entries shall be dated and signed by the person making the 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	A22		

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A22	Continued From page 5 resident's personal effects and money or valuables deposited with the adult residential care 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 7.8.2.22 (A)3.(b) - Resident Records Based on record review and interview, the facility failed to ensure that resident records were maintained as required for 3 of 3 residents of the facility (Resident #1, #2, #3). The findings are: A. On 8/27/08 at 10:00 AM during review of the resident records, it was noted that no recent photographs were taken for Resident #1, #2 and #3. B. On 8/27/08 at 10:00 AM during an interview	A22	Photographs of residents will be placed in files immediately Photograph in resident's chart will ensure the resident will get the appropriate care needed. Cont	9/18/08

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A22	Continued From page 6 with the Director, she stated that photos are not taken and used as part of the resident records.	A22	When a resident is admitted into the facility a photograph will be taken within 72 hours.	
A45	7 NMAC 8.2.45 Heating, Ventilation & Air-Conditioning 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for	A45		

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A45	Continued From page 7 ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45(A) - Fuel-Fire Heating System Inspection Based on record review and interview, the facility failed to have documentation of a fuel fire heating system inspection on-site. The findings are: A. On 8/27/08 at 12:10 PM during review of facility files, it was noted that there was no evidence of a current fuel fire heating system inspection. B. On 8/27/08 at 12:10 PM the Director acknowledged the fuel fire heating system inspection was not available.	A45	A plumbing Company will be contracted to conduct a fuel, fire heating inspection on site within 30days. This is to ensure safety of all residents while residing inside facility.	9/28/08
A55	7 NMAC 8.2.55 Resideint Rooms 7.8.2.55 RESIDENT ROOM: A. Each resident room must be an outside room with a window. The area of the outdoor window shall be at least 1/10th the floor area of the room. B. There must be no through traffic in	A55	AN annual inspection for fuel, fire and heating will be done.	

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A55	Continued From page 8	A55		

resident rooms.

C. Resident rooms must communicate directly with other areas of the facility. Toilet and bathing facilities must be located to meet the needs of the residents.

D. Resident rooms may be private or semi-private. Semi-private rooms may not house more than two (2) residents. EXCEPTION: Facilities that provide programmatic services for alcohol or drug dependency on a short term (30-60 days) may have dormitories with no limitation on number of residents as long as minimum square footage requirements are met.

(1) Private Rooms: must have a minimum of one hundred (100) square feet of floor area. Closet and locker area shall not be counted as part of the available floor space.

(2) Semi-Private Rooms: must have a minimum of eighty (80) square feet of floor area for each bed and be furnished in such a manner that the room is not crowded or passage out of the room is obstructed. Closet and locker area shall not be counted as part of the available floor space.

(3) Dormitories/Wards: must have a minimum of sixty (60) square feet of floor area for each bed. Closet and locker area shall not be counted as part of the available floor space.

E. If a resident chooses not to bring in his/her own furnishings, each resident room shall be provided with, as a minimum, the following per resident:

F. Furnishings:

(1) Resident beds shall be at least thirty-six (36) inches wide, of sturdy construction, and in good repair.

(2) Each bed shall be provided with a clean, comfortable mattress of at least four (4) inches in thickness, which is waterproof, or protected with a waterproof covering, and a

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A55	Continued From page 9 mattress pad. (3) Each bed shall be provided with a clean, comfortable pillow. (4) Each bed shall be provided with a pillow case, two (2) clean sheets, blankets, and a bedspread appropriate for the weather and climate. (5) Beds shall be spaced at least three (3) feet apart. (6) An individual closet or closet area with a clothes rack for hanging clothes and shelves or drawers that are accessible to the resident. (7) A bedside table or desk. (8) A chair. (9) A reading lamp. (10) A mirror in the resident room. (11) Window shades, drapes, curtains, or blinds, in good repair and of flame-retardant materials. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.55 NMAC - Rn, 7 NMAC 8.2.55, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.55(F)(10) - Furnishings Based on observation and interview, the facility failed to ensure that each resident room had a mirror for 7 of 7 current residents living in the facility The findings are: A. On 8/27/08 at 9:30 AM during a facility tour it was observed that the resident bedrooms did not have a mirror available. B. On 8/27/08 at 9:30 AM during interview with the director, she acknowledged that the rooms	A55	Each resident's room will have proper furnishings (mirror) in each room provided to them, if no supply of own source. Con't	9/28/08

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A55	Continued From page 10 did not have mirrors.	A55	Resident will and shall be able to view ones self when grooming. Keep a (mirror) proper furnishings in every bedroom in a conspicuous space.	
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. 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	A63		

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A63	Continued From page 11 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: 7.8.2.63 (A) - Staff Fire and Safety Training Based on record review and interview the facility failed to have documentation of all required staff training for 3 of 7 staff. The findings are: A. During record review of employee files on 8/27/08 at 11:15 AM it was noted that no documentation was available for the following trainings: 1) Fire Safety - Staff #2, #3 and #7 B. On 8/27/08 at 11:15 AM during an interview with the Director, she acknowledged the trainings have not been done.	A63	Staff Members #2,3,7 will receive fire safety training within the next 30 days. By ensuring residents that staff Members receive proper training for residents safety from fire. Conduct a fire safety training annually.	9/28/08
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	A66		

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A66	Continued From page 12 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 7.1.12.8(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 3 of 7 staff providing care to residents. The findings are: A. On 8/27/08 at 10:30 AM during review of the employee files, it was noted that direct care staff (Staff #4, 6 and 7) did not have documentation of search on the EAR database using the individual's identifying information. B. On 8/27/08 at 10:30 AM, during interview with the director, she acknowledged that the information was not available for review.	A66	Each employee's EAR will be completed and in Employee files within 30 days. For future references before individuals are hired an EAR will be conducted for the safety of all residents Before new hire an EAR will be completed	9/28/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5624	A. BUILDING _____ B. WING _____	08/28/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A66	Continued From page 13 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 4 of 7 employees (Staff #3, 5, 6, and 7). The findings are: A. On 8/27/08 at 11:10 AM during review of employee records, it was noted that Staff #3, 5, 6, and 7 did not have on file documentation of Caregivers Criminal History Screening (CCHSP) clearance addressed to the current facility of employment. B. On 8/27/08 at 11:10 AM during interview with the director, she acknowledged the problem and stated that the screening would be done. Refer to NMAC 7.1.9.8(G)(1) - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - Maintained of Records - Care Providers shall maintain evidence of caregiver's clearances, pending considerations, or disqualification. Based on record review and interview, the facility failed to maintain evidence of caregiver's	A66	Employee's # 3,5,6,7 will have a CCHSP completed and proof in their file. Any employees hired will have a CCHSP for facility conducted within 30 days of hire and proof in file if clearance letter has not been received. Will receive confirmation of employees # 3,5,6,7 clearance	9/28/08

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A66	Continued From page 14 clearances, pending considerations, or disqualifications for 2 of 7 staff (Staff #5 and #6) The findings are: A. On 8/27/08 at 11:10 AM during review of the employee files, there was no evidence of clearance or pending considerations for disqualifications for Staff #5 and Staff #6. B. On 8/27/08 at 11:10 AM during interview with the director, she acknowledged the problem and stated that the paperwork would be gathered showing reconsideration of disqualifications were submitted. Refer to NMAC 7.1.13.10(C)(2-3) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) Based on record review and interview, the facility failed to ensure required training was conducted within the time frames set in accordance with regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 1 of 7 facility staff (Staff #3). The findings are: A. On 8/27/08 at 11:10 AM during review of the employee files, it was noted the following required training documentation was not among administrative paperwork:	A66	Will collect all reconsideration paperwork and resubmit it to CCHSP. In future any employee's that have a denial of clearance, the facility will address immediately and. will be supervised by Director while working until results come back for the safety of all residents Respond to correspondance received from CCHSP. Staff Member # 3 will receive incident training and will be documented and placed in file. Con't	9/28/08 9/28/08

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A66	Continued From page 15 -Incident reporting requirements training for Staff #3 B. On 8/27/08 at 11:10 AM, during interview with the administrator, she stated that she would ensure training in all the required areas and document on the facility training log. 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 residents, family members and/or guardians regarding Incident Reporting information was in 3 of 3 (Resident #1, #2, #3) sampled resident files. The findings are: A. On 8/27/08 at 11:30 AM during review of resident files, it was noted that none of the files reviewed had documented notification to resident/family members/guardians regarding incident reporting. B. On 8/28/08 at 1:00 PM during interview with the Director, she acknowledged this documentation was not available.	A66	Will ensure if an incident occurs, staff member will know proper procedures on reporting incidents. All staff members will have the appropriate training for incident reporting. Facility will construct incident reporting information form to give residents and family members/POA's an action item list on how the facility reports incidents. Every staff member, resident, family member/POA has knowledge of incident report procedures. Do Bi-annual review of files making sure everything is up-to-date, and include incident report notification in every admissions packet.	9/28/08