Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5119	A. BUILDING _____ B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA GUADALUPE	1900 MARK 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
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 7.1.13.9(B)(2) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Reporting Requirements using Division Incident Report Form 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 10/20/08 during review of the administrative files, it was noted that the 2009 form for documentation of incidents and reporting requirements was not among facility paperwork. B. On 10/20/08 during interview with the Administrative staff, they acknowledged the	A66	Scanned 11-14-08 JH **NMAC 7.1.13.9(B)(2)** **Incident Reporting, Intake, Processing and Training Requirements - Incident Management System Reporting Requirements using Division Incident Report Form.** **Corrective Action** **The facility is now using the required Incident Report (SFY 2009) form throughout the facility. It is available in Administration, Nursing and HR. A copy and explanations on the use of the form will be given to each employee and the legal guardian of each resident.** **Follow-up Action** **The In-Service Director will assure that copies of the Incident Report (SFY 2009) are available in the designated areas. All new employees will be given a copy of the form and the necessary explanations regarding the use of the form. All new residents/guardians will be given a copy of the form with the necessary explanations**	10/24/2008

Division of Health Improvement

Lester Andrea Manarrez — TITLE Director — (X6) DATE 11-10-08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 8GYI11 If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5119	A. BUILDING _____ B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA GUADALUPE	1900 MARK 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
A66	Continued From page 1 issue. 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 2009 Incident Management System with the required curriculum for 100% of staff. The findings are: A. On 10/20/08 during review of the employee files it was noted that the required training documentation for Incident Management - NMAC 7.1.13 was not among administrative paperwork. B. On 10/20/08 during interview with the Administrative staff, they acknowledged the issue. 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	A66	**NMAC 7.1.13.10(C)(1)(a-f)** Incident Reporting, Intake, Processing and Training Requirements - Incident Management System Training Curriculum Requirements on Incident Policies and procedures, timely reporting, unexpected deaths and other reportable incidents. **Corrective Action** All employees will be trained in the Incident Management System with the required curriculum including: a)an overview of the potentioal risk of abuse, neglect, misappropriation of residents' property, b)informational procedure for properly filing the Incident Report form (SFY 2009), c)specific instructions of the employee's legal responsibility to report an incident of abuse, neglect and misappropriation of residents' property, d)specific instructions on how to respond to abuse, neglect and misappropriation of residents' property, e) emergency action procedures to be followed in the event of an alleged incident or knowledge of abuse, neglect and misappropriation of residents' property. 11/23/08 **Follow-up Action** The In-Service Director will assure that all new employees and all current employees will receive annual training in the Incident Management System. A signed statement indicating the date, time and place of the training will be kept in the employee's file.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5119	A. BUILDING _____ B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA GUADALUPE	1900 MARK 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
A66	Continued From page 2 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 10/20/08 during review of the employee files it was noted the following required training documentation was missing: - NMAC 7.2.13 - 2009 certificate of attendance with dates of training, sign in sheets or other documents regarding reporting requirements for Incident Management B. On 10/20/08 during interview with the Administrative staff, they acknowledged the issue. 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 Management Information poster was posted as required. The findings are: A. On 10/20/08 at 2:30 PM and throughout the course of the survey, it was noted that the 2009	A66	**NMAC 7.1.13.10(F)** Incident Reporting, Intake, Processing and Training Requirements - Posting of Incident Management Information Poster for Fiscal Year 2009. **Corrective Action** The facility has posted 3 Incident Management Information Posters for Fiscal Year 2009 throughout the facility in prominent public locations. **Follow-up Action** Administration will monitor the facility to assure that the posters continue to be posted and are current.	11/4/2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5119	A. BUILDING _____ B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA GUADALUPE	1900 MARK 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
A66	Continued From page 3 Incident Management Information Poster was not seen posted anywhere in the facility. B. On 10/20/08 at 3:30 PM during an interview with the Manager, she acknowledged the matter. 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 8 of 8 of sampled resident files. The findings are: A. On 10/20/08 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 10/20/08 at 3:30 PM during interview with the Manager, she acknowledged the documentation was not present.	A66	**NMAC 7.1.13.10(E)** Incident Reporting, Intake, Processing and Training Requirements - Consumer and Guardian Orientation Packet **Corrective Action** An orientation packet of the Home's Incident Management Systems policies and procedure information concerning the reporting of abuse, neglect or misappropriation of property was sent/given to each resident/guardian. A copy of the Department's Incident Management Information poster and Information card was also given to them. A signed statement including the date, time and place they recieved their orientation packet will be contained in the resident's file. **Follow-up Action** The Admission Director will assure that all new residents and their guardians will receive the orientation packet upon admission and will assure that a signed statement which includes the date, time and place of orientation will be maintained in the resident's file.	11/23/2008