Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2102	A. BUILDING _____ B. WING _____	01/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW VISION SANTA FE, LLC	500 RODEO ROAD SANTA FE, NM 87505

(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
A 01	OPENING REMARKS Four (4) complaint investigations were completed on 1/27/2010 for NMAC 7.8.2-New Mexico Regulations Governing Adult Residential Care Facilities. 1. Intake # NM00027066 dated 4/13/2009 was UNSUBSTANTIATED. 2. Intake # NM00027282 dated 7/19/2009 was UNSUBSTANTIATED. 3. Intake # NM00027321 dated 2/9/2009 was UNSUBSTANTIATED. 4. Intake # NM00027415 dated 12/23/2009 was UNSUBSTANTIATED.	A 01		
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	A17		

Scanned 3/8/10

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Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A17	Continued From page 1 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) - Driver Training for Staff Based on record review and interview, the facility failed to ensure that 1 of 2 personnel transporting residents had certificate of training appropriate to this responsibility on file. This has the potential to affect 100% of the resident population. The findings are: A. On 1/26/2010 during review of employee files, it was noted that 1 of 2 staff charged to transport employees did not have a certificate of such a training on file. B. On 1/26/2010 during interview with the Communication Director, he stated that the employee charged with transportation would complete such training and maintain certificate on file.	A17	Communication Mgr. Will Oversee training Complete - 5/1/2010	
A38	7 NMAC 8.2.38 Food Management 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents.	A38		

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A38	Continued From page 2 B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperature at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below. E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00]	A38		

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A38	Continued From page 3 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2 - Food Management - Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations Please also refer to NMAC 7.6.2.9(H)(3) - Food Protection Requirements H. Cleanliness Of Employees: (3) Effective hair restraints shall be used by employees who process, prepare or serve food to keep exposed hair from food or food-contact surfaces. Citation below were noted from the Life Safety Code (LSC) portion of this health survey as follows: TITLE 7 HEALTH CHAPTER 6 FOOD HANDLING PART 2 FOOD SERVICE AND FOOD PROCESSING 7.6.2.9 FOOD PROTECTION REQUIREMENTS: H. Cleanliness Of Employees: (3) Effective hair restraints shall be used by employees who process, prepare or serve food to keep exposed hair from food or food-contact surfaces. Based on observation and staff interview, the facility's practice failed to protect food in a clean and sanitary manner, in accordance with NM 7.6.2.9 section H. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 294 residents the census was 15 residents. Findings are: On January 27, 2010 during a tour of the kitchen facility with the Assistant Food Director, the Life	A38	Ex chef will oversee training for proper food prep inservice begin 3-15-2010	

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A38	Continued From page 4 Safety Code Surveyor observed the following: 1. At 11:45 AM, two Life Safety Code surveyors observed a kitchen staff member slicing roast beef with loose hair and no hair restraints. All kitchen staff members were observed preparing, cooking and serving food without the necessary hair restraints. a. When asked, the Assistant Food Director stated. "We have hats that we wear." b. When asked, the kitchen staff member stated. "We have hats that we wear." But failed to make an effort to retrieve a hat or hair net. c. Surveyor asked 5 times repeatedly to the kitchen staff member and Assistant Food Director to stop working with the food without hair restraints. d. The Administrator acknowledged the findings at 2:45 PM during the exit conference. Refer to 7.8.2 (E) - Food Management - Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Based on observation and interview, the facility failed to ensure the general visual cleanliness of the kitchen area. The findings are: A. On 1/25/2010 during the initial tour of the kitchen area the following items were noted: -General and encrustation of stainless steel surfaces of refrigerators, warming cabinets with what appeared to be calcification and/or other general kitchen food preparation buildup. -Areas behind and above stove/grill cooking areas encrusted with what appeared to be black greasy buildup. -Tile flooring in general walking area and under stainless steel food preparation counters encrusted with what appeared to be black greasy buildup, food remnants and dust. B. On 1/26/2010 during a second walk- through	A38		

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A38	Continued From page 5 of the kitchen, interviews with the Environmental Services Director and the Communications Director yielded that they acknowledged these findings and reported that overall kitchen cleanliness would be addressed via a cleaning schedule to be drafted and implemented to address the matter.	A38	Cleaning Schedule established 2/10/2010 will be enforced by Exec. Chef.	
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 7.1.9.8 - 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 2 employee files reviewed (Staff #1 and Staff #2). The findings are:	A66		

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A66	Continued From page 6 A. On 1/25/2010 at 11:40 AM during review of employee records, it was noted that Staff #1, with a hire date of 1/18/2010 and Staff #2 with a hire date of 11/5/2009 did not have on file documentation of CCHSP statewide update screening addressed to the facility and conducted subsequent to hire within the required timeframes nor documentation of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframes. B. On 1/25/2010 at 11:45 AM during interview with the Human Resource Director, he acknowledged knowing that various current employees had not had the screening. 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 2 sampled employee files reviewed (Staff #1 and Staff #2). The findings are: A. On 1/26/2010 during review of the employee files, it was noted that Staff #1, with a hire date of 1/18/2010 and Staff #2 with a hire date of	A66	Complete date 2/10/2010 Communication & Talent Mgr - to Add; to new hire ✓ List	

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A66	Continued From page 7 11/5/2009 did not have on file documentation of search on the EAR/COR database using the individual's identifying information at all.. B. On 1/25/2010 at 11:45 AM during interview with the Human Resource Director, he acknowledged knowing that various current employees did not have the COR/EAR screening. 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, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 100% of sampled resident files. The findings are: A. On 1/26/2010 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. 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	A66	Form Located - Completion date 3-15-2010 Assisted Living unit Coordinator will monitor for compliance.	

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A66	Continued From page 8 Based on observation and interview, the facility failed to ensure that the most current division Incident Management Information poster was posted as required. The findings are: A. On 1/25/2010 during the initial tour of the facility and throughout the course of the survey, it was noted that the 2010 Incident Management Information Poster was not seen posted anywhere in the facility. B. On 1/26/2010 during an interview with the Communication Director, he acknowledged the matter and stated that he would address the issue.	A66	Posted in 2 places Communcation & Talent Mgr will monitor to remain in Compliance.	

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