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 _____	R 08/03/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW VISION SANTA FE	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
A13	7 NMAC 8.2.13 Grounds for Revocation or Suspension of Licen 7.8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the Licensing Authority determines that an application for renewal of a license is to be denied, or that a license is to be revoked, the Licensing Authority shall provide written notification to the adult residential care facility, the residents of the adult residential care facility and the surrogate decision maker for the resident. B. A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following reasons: 1. Failure to comply with any provision of these regulations. 2. Failure to allow a survey by authorized representatives of the Licensing Authority. 3. Hiring or retaining any employee who has been convicted of a felony or misdemeanor related to abuse, neglect or exploitation, trafficking in controlled substances, criminal sexual penetration or related sexual offenses. 4. Misrepresentation or falsification of any information on application forms or other documents provided to the Licensing Authority. 5. Discovery of repeat violations of these regulations. 6. Failure to provide the required care and services as outlined by these regulations for the residents receiving care from the facility. 7. Exceeding licensed capacity.	A13 Scanned 9-24-12 J.D		

RECEIVED
SEP 20 2012
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: General Manager — (X6) DATE: 9-20-12

ORIGINAL

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A13	Continued From page 1 8. Failure to provide an acceptable plan of correction. 9. Abuse, neglect or exploitation of any patient/client/resident by facility operator, staff or relatives of operator/staff. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 6-15-98; 7.8.2.13 NMAC - Rn, 7 NMAC 8.2.13, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES: B. A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following reasons: 5. Discovery of repeat violations of these regulations. THIS IS A REPEAT DEFICIENCY FOR RE-VISIT SURVEYS DATED 5/3/2010 and 8/3/2010 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 Refer to 7.8.2 (E) - Food Management -	A13	**7.8.2: Separate cooks & service staff for Assisted Living. Trained in accordance with State Regulations**	

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A13	Continued From page 2 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 1/26/2010 during walk- through of the kitchen, interviews with the Environmental Services Director and the Communications Director yielded that they acknowledged findings related to the cleanliness of the kitchen and reported that overall kitchen cleanliness would be addressed via a cleaning schedule to be drafted and implemented to address the matter. B. On 5/3/2010 during review of the facility plan of correction, it reads: cleaning schedule established 2/10/2010 will be enforced by Executive Chef. Review of the documents presented to the survey team at the time of the re-visit for kitchen sanitation were "blank". C. On 5/3/2010 during tour of the main facility kitchen at 1:10 PM during the re-visit survey, 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. Interior surfaces of the ice cream freezer was encrusted with buildup appearing sticky and built up. D. On 5/3/2010 during interview with the Culinary Director, he reported that "there is no cleaning schedule, per se" and that "things are cleaned every day". E. On 5/3/2010 during the exit interview, the Administrator and Communications Director acknowledged these findings. F. On 8/3/2010 at 1:30 PM during a walk through of the main kitchen area, the following was noted: 3 large roasts were seen to be defrosting in the open air, and fire safety doors were being	A13	**7.8.2 (E): Daily, weekly & monthly cleaning schedules have been put in place, and records are kept.** **A: Deep cleaning of the kitchen is completed on a weekly basis.** **B: Logs are current and up to code beginning January, 2012.** **C: All Pipes and surfaces are de-limed weekly, in rotation.** **D: Schedules are now in place and displayed weekly for Chef's inspection.** **E: All frozen items are thawed according to HACCP guidelines.**	

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A13	Continued From page 3 propped open for cross ventilation. These doors were not screened to keep air bourne pests from entering the kitchen area. During this observation, The Assisted Living Director had to instruct kitchen staff to correct these training matters in the absence of the Kitchen Manager who was on his "day off". G. On 8/3/2010 at 2:00 PM during a walk through of the kitchen area with the Administrator and Manager of Assisted Living Services, they acknowledged that the Plan of Correction was not followed with respect to staff training on food service practices and the requisite training documentation was not available. In addition, they acknowledged that deep cleaning of the kitchen was still needed.	A13	**F: Hood vents have been equipped with make-up air system, and all doorways are closed.** **G: Service staff is trained by Food & Beverage Manager as well as by Chef to ensure that all Health Guidelines are complied with.**	
{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. 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 temperatures	{A38}	**7.8.2.38: All food storage, supply & preparation will comply with state & federal regulations.** **A: Walk-ins & freezers are stocked & product is rotated on a regular basis.** **B: All dairy is pasteurized** **C: All walk-in coolers are stored at 40°F or below.** **D: Thermostats are calibrated monthly & multiple thermometers are in place throughout all refrigeration units.**	

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{A38}	Continued From page 4 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] This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FOR RE-VISIT SURVEYS DATED 5/3/2010 and 8/3/2010 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	{A38}	**E: Kitchen cleaning schedules are in place & followed daily.** **F: Cleaning supplies are kept in separate area, away from food product.** **G: All equipment is cleaned and sterilized before being put away.** **H: All garbage & trash containers are code & NSF Certified.**	

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{A38}	Continued From page 5 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 1/26/2010 during walk- through of the kitchen, interviews with the Environmental Services Director and the Communications Director yielded that they acknowledged findings related to the cleanliness of the kitchen and reported that overall kitchen cleanliness would be addressed via a cleaning schedule to be drafted and implemented to address the matter. B. On 5/3/2010 during review of the facility plan of correction, it reads: cleaning schedule established 2/10/2010 will be enforced by Executive Chef. Review of the documents presented to the survey team at the time of the re-visit for kitchen sanitation were "blank". C. On 5/3/2010 during tour of the main facility kitchen at 1:10 PM during the re-visit survey, 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. Interior surfaces of the ice cream freezer was encrusted with buildup appearing sticky and built up. D. On 5/3/2010 during interview with the Culinary Director, he reported that "there is no cleaning schedule, per se" and that "things are cleaned every day". E. On 5/3/2010 during the exit interview, the Administrator and Communications Director acknowledged these findings. F. On 8/3/2010 at 1:30 PM during a walk through	{A38}	**A: Kitchen cleaning schedules are used daily.** **B: Samples of current cleaning & maintenance schedules are attached, & records are kept in a monthly file system.** **C: Documents for the current year are up-to-date and kept on record in Chef's office.** **D: Kitchen is maintained daily for food & water spots.** **E: The kitchen now has a daily schedule for equipment & station cleaning.**	

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{A38}	Continued From page 6 of the main kitchen area, the following was noted: 3 large roasts were seen to be defrosting in the open air, and fire safety doors were being propped open for cross ventilation. These doors were not screened to keep air bourne pests from entering the kitchen area. During this observation, The Assisted Living Director had to instruct kitchen staff to correct these matters in the absence of the Kitchen Manager who was on his "day off". G. On 8/3/2010 at 2:00 PM during a walk through of the kitchen area with the Administrator and Manager of Assisted Living Services, they acknowledged that the Plan of Correction was not followed with respect to staff training on food service practices and the requisite training documentation was not available. In addition, they acknowledged that deep cleaning of the kitchen was still needed.	{A38}	**F: All foods are defrosted according to HACCP standards, outside doors do not remain open at any time.** **G: Current service & cooking staff are trained in accordance with Health & Safety Regulations, & the high standard of the facility.**	