STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2137	A. BUILDING _____ B. WING _____	08/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING	9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120

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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) - Required On Going Staff Training Based on record review and interview, the facility failed to ensure ongoing training for 9 of 9 facility employees.	A17	(A17) 7.8.2.17 On 8/12/08 Surveyor was directed to rosters indicating training attendees. Certificates were not in file as well as file demonstrating competency achievement. All certificates will be placed in file. New staff will be trained on required trainings w/in 14 days of hire ED Scanned 08-28-08 8/25/08	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Admin. (X6) DATE 8/25/08

STATE FORM 6899 9N9H11 If continuation sheet 1 of 26

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A17	Continued From page 1 The findings are: A. On 8/12/08 at 2:00 PM during review of the staff records, it was noted that there was no evidence of current required training for Staff #1 through #9. No evidence was found for the following: 1. Fire Safety - Staff #1 through #9 2. First Aid - Staff #1, #6, #7 3. Safe Food Handling - #1, #7, #9 4. Infection Control - #1 through #9 5. Resident Rights - #6, #7, #8 B. On 8/12/08 at 2:30 PM during interview with the Administrator, she acknowledged that documentation of the trainings were not available.	A17	A19 7.8.2.19 Resident #1 admission meeting occurred verbally with Odyssey. Plan of Care was [illegible] but no written [illegible] was placed in file. Life Spire Nurse will meet with Odyssey Nurse + Team to [illegible] a admission meeting & [illegible] written documentation will be placed in file of Resident # 1 and all residents receiving Hospice will have all parties [illegible] IDT + attend admission [illegible] meetings.	
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions	A19	[illegible] 8/25/08	

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A19	Continued From page 2	A19		

regarding health care, including the right to make advance directives.

(6) A written description of the legal rights of the residents translated into another language, if necessary.

(7) The facility's staffing pattern.

B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following:

(1) Ventilator dependency.

(2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV.

(3) Intravenous therapy or injections directly into the vein.

(4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold.

(5) Any condition requiring either physical or chemical restraints.

(6) Nasogastric tubes / gastric tubes.

(7) Tracheostomy care.

(8) Individuals presenting an imminent physical threat or danger to self or others.

(9) Individuals whose physician certifies that placement is no longer appropriate.

C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must:

(1) Convene a team, comprised of:

(a) The facility director.

(b) The resident.

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A19	Continued From page 3 (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00]	A19		

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A19	Continued From page 4 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.19(C)(1) - Admission/Retention Exceptions Based on record review and interview, the facility failed to convene a team meeting for 1 of 4 residents who require care beyond that of which is offered by the facility (Resident #1). The findings are: A. On 8/12/08 at 11:15 AM during review of the medical record for Resident #1, the following was noted: - Resident has an admission date of 3-28-2008 - Resident was admitted receiving serves from Odyssey Hospice There was no documented evidence in the resident's chart that Admission/Retention Exception meetings with all the required parties was held prior to Resident #1's admission to the facility. B. On 8/12/08 at 11:35 AM during interview with the Administrator, she reported that no Admission/Retention Exception meetings for those requiring outside nursing or professional services have been held.	A19	A19 7.8.2.22. Resident Assessments were in file, but had not been completed 5 days from day of admission. Will require assessments to be completed by nurse within 5 days of admission. Current agreements ammended. Resident Agreements must be completed & Reviewed by intake coordinator for completness. No blanks will be left. Marketing Director will also quality check agreements for completness. Photo Graphs for all residents will be taken on day of admission & placed in front cover of resident files. Photographs will be clear-up close focal profiles. Current resident Now have photo. Cynthia Hallen 8/26/08	
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	A22		

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A22	Continued From page 5 making the entry. Resident records must include: (1) Admission records as set out in 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.	A22		

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A22	Continued From page 6 (f) Entries by direct care staff, appropriate health care professionals, or others 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	A22		

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A22	Continued From page 7 facility. (l) Documentation of disposition of the 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: 7.8.2.22(A)(3)(a-l) - Content of Resident Record Based on record review and interview, the facility failed to ensure that the resident records contained all the required elements for 4 of 4 sampled residents (#1, #2, #3 and #4). The findings are: A. On 8/12/08 at 11:00 AM during review of the resident's records, it was noted that the following documentation required within five (5) days of admission was missing from sampled residents	A22	A22 7.8.2.22	

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A22	Continued From page 8 files: -completed current resident assessment form (Residents #1 through #4) -completed executed admission agreement (Residents #1 and #2) The following documentation required within thirty (30) days of admission was missing from sampled residents files: - recent photograph (Resident #1 and #2) B. On 8/12/08 at 11:35 AM, during interview with the Administrator, she acknowledged the stated documents were not present in resident files.	A22		
A23	7 NMAC 8.2.23 Fac, reports, Recs., P & RS & Rules 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the	A23	A23 7.8.2.23 On 8/22/08 an EID kitchen inspection was completed by the City of ABQ. No violations were found. Copy is posted on site. Construction Final was not appropriate document to meet this regulation. Ongoing inspections will occur. Cindy Wilson 8/29/08	

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A23	Continued From page 9 Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills. (7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal	A23		

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A23	Continued From page 10	A23		

precautions and linen handling).

(h) Resident rights.

(i) Providing Quality Resident care based on current resident need.

(j) Reporting requirements for Abuse, Neglect or Exploitation.

(12) A copy of License.

(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.

(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.

(15) A copy of the floor plans as approved for licensure.

B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:

(1) The use of tobacco and alcohol.

(2) The use of the telephone.

(3) Operation of television, radio, and stereo.

(5) Use and safekeeping of personal property.

(6) Meals.

(7) Use of common areas.

(8) Electric blankets or appliances used by residents.

C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:

(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).

(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).

(3) The handling or resident's funds, if

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A23	Continued From page 11 the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation. (5) Handling of complaints. (6) Staff and resident fire and safety training. (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records. (12) Program Narrative. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (14) Personnel policies. (15) Identifying and safeguarding resident possessions. (16) Securing medical assistance if a resident's own physician is not available. (17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers. (18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles. (19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.23 (A) (3) - EID Kitchen Inspection	A23		

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A23	Continued From page 12 Based on record review and interview the facility failed to have on file a copy of the latest survey from Environmental Health Authority regarding kitchen and food management. The findings are: A. On 8/12/08 at 3:30 PM during record review it was noted that the facility did not have an EID kitchen inspection or an exemption letter from EID on file. B. On 8/12/08 at 3:45 PM the Administrator acknowledged that they did not have a kitchen inspection and could not provide a letter from EID showing an exemption.	A23		
A35	7 NMAC 8.2.35 Custodial Drug Permit 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved	A35	A35 7.8.2.35 On 8/24/08 all over the counter medications were labeled with residents names. Procedure will be to immediately label on incomming medications (OTC) with resident names once entered into inventory log. Laurie H Allen 8/25/08	

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A35	Continued From page 13	A35		

by the Board of Pharmacy, and the key will be in the care of the director or designee.

(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.

(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator.

(4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names.

(5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so.

(6) The facility may not require the resident to purchase prescriptions from any particular pharmacy.

(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99.

B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following:

(1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted

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A35	Continued From page 14 upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35 (A) (4) - All Medications will be labeled Based on review and interview the facility failed to ensure that all medications, including non-prescription medications, were labeled with resident names. The findings are: A. On 8/12/08 at 1:15 PM during a medication review it was noted that Resident #2 had Tylenol 500 mg and Flexall Plus cream in her designated medication box and neither were labeled with the residents name. B. On 8/12/08 at 1:30 PM during interview with the Administrator, she acknowledged the medications were not labeled.	A35		
A38	7 NMAC 8.2.38 Food Management 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food	A38		

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A38	Continued From page 15 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 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	A38	A38 7.8.2.38 On 8/22/08 all food items not in original packaging were labeled + dated. Staff were instructed to re-read P+P regarding food storage. City Health Inspector inspected on 8/22/08 in late afternoon + found all food labeled. Quality Assurance Clerk will inspect Kitchen foods at least 1x weekly + Chart 8/25/08	

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A38	Continued From page 16 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: Refer to 7.8.2.38 E. Based on observation and interview, the facility failed to store food in compliance with the New Mexico Environmental Department Food Services and Processing Regulations. The findings are: A. On 8/12/2008 at 2:50 PM during a tour of the facility, it was observed that there were several (more than 10) frozen packages of waffles, biscuits and meat patties in the freezer left without a label and without dates. B. On 8/12/2008 at 3:50 PM during interview with the Administrator, he acknowledged that the food items listed were not dated and labeled.	A38		
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	A45		

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A45	Continued From page 17 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 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]	A45	A45 7.8.2.45 No fuel fire heating system inspection had been completed, due to the fact that the building is new construction & recent inspections had occured. A annual inspection & check has been scheduled for 9/2/08 by a qualified personnel & will occur annually hereafter. Cindy M Lewis 8/26/08	

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A45	Continued From page 18 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 8/12/08 at 3:30 PM during review of facility files, it was noted that there was no evidence of a current fuel fire heating system inspection. B. On 8/12/08 at 3:45 PM the Administrator acknowledged the fuel fire heating system inspection was not available.	A45		
A46	7 NMAC 8.2.46 Water 7.8.2.46 WATER: A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries. B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority. C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and	A46	A46 7.8.2.46 Water temperatures fluctuate in water accessible areas. Two boiled/water heaters have used. Qualified personnel called in immediately to adjust heat controls. All water accessible to residents ✓ 110° Weekly checks will occur by in house safety officer to assure safe temperature. Carol Funk 8/12/08	

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A46	Continued From page 19 laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.46 C. Based on observation and interview, the facility failed to maintain the hot water temperature accessible to 100% of residents between 95 and 110 degrees Fahrenheit. The findings are: A. On 8/12/2008 during direct observation of the water temperatures of the resident accessible toilet rooms, the water temperature was observed to be: 1. Community Bathroom #1 - 119.0 at 2:55 PM 2. Community Bathroom #2 - 119.1 at 3:10 PM 3. Bathtub #1 - 119.5 at 3:23 PM 4. Kitchen #1 - 120.2 at 3:05 PM 5. Kitchen #2 - 120.4 at 3:07 PM 6. Respite Room #1 - 118.0 at 3:18 PM 7. Resident Room #1 - 118.5 at 3:13 PM 8. Resident Room #2 - 117.5 at 3:28 PM 9. Resident Room #3 - 118.1 at 3:16 PM B. On 8/12/08 at 3:50 PM, the Administrator acknowledged the facility's hot water temperatures were too high.	A46		
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must	A63		

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A63	Continued From page 20 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 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	A63	A63 7.8.2.63 Rosters of Fire & Safety training was made available to Surveyor. No certificates of competency or participation were in personnel file. All certificates have been made & placed in file, in addition to rosters in place. Fire Safety & Evacuation training has been scheduled with Fire Dept. to allow for additional training for staff. scheduled 9/23/08. Certificates to be placed in file. Cindy Miller 8/25/08	

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A63	Continued From page 21 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.63 (A) - Train on fire and safety training Based on record review and interview, the facility failed to ensure ongoing fire and safety training for 9 of 9 (Staff #1 through #9) facility employees. The findings are: A. On 8/12/08 at 2:00 PM during review of employee records, it was noted that there was no evidence of current required training in fire safety for facility staff #1 through #9. B. On 8/12/08 at 2:30 PM during interview with the Administrator, she acknowledged that no documentation of fire and safety training was available as required by the regulations.	A63		
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	A66	A66 7.1.9.8. Clearance letters were on file for all employees but were not addressed to facility address, but to business address of another health facility owned by same business owner. All employees have been re-fingerprinted and new account has been set up @ CCHSP.	

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A66	Continued From page 22 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 (A)- 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 5 of 10 employees (Staff #1, #2, #3, #5, and #10). The findings are: A. On 8/12/08 at 2:00 PM during review of employee records, it was noted that Staff #3, #5 and #10 did not have documentation on file of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the current facility of employment and conducted subsequent to hire within the required timeframe. Additionally, Staff #1 and #2 did not have documentation on file of a statewide update CCHSP clearance addressed to the current facility of employment and conducted subsequent to hire within the required timeframe. B. On 8/12/08 at 2:30 PM during interview with the Administrator, she acknowledged the fingerprints have not been done as required by the regulation.	A66	In order for clearance letter to be mailed to facility address. (I) administrator was not aware that separate CCHSP accounts were needed & that clearance letter needed to be addressed to facility address. 8/25/08	

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A66	Continued From page 23 Refer to NMAC 7.1.13.10(C)(2-3) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train new employees within 30 days of hire. 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 6 of 10 (Staff #1, #2, #4, #8, #9 and #10) sampled employees. The findings are: A. On 8/12/08 at 2:00 PM during review of personnel files, it was noted the following required training documentation was not among administrative paperwork: -Incident Management Annual Training B. On 8/12/08 at 2:30 PM during interview with the Administrators she acknowledged that the Incident Management Training of all staff was not being done as required. Refer to NMAC 7.1.13.10(D) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees Based on record review and interview, the facility	A66	A66 7.1.13.10 Incident Management training had not been completed by all staff. Training has been scheduled for 9/4/08. + a verbal review was held w staff in the interim + manuals were provided to staff. In the future all staff will receive training before start date. Training certificates will be Life Spire affiliated. 8/25/08	

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A66	Continued From page 24 failed to ensure required documentation of annual training on Incident Management Reporting process for 6 of 10 (Staff #1, #2, #4, #8, #9 and #10) sampled employees. The findings are: A. On 8/12/08 at 2:00 PM during review of personnel files, it was noted the following required training documentation was not among administrative paperwork: -Incident Management Training annual meeting - certificate of attendance B. On 8/12/08 at 2:30 PM during interview with the Administrators she acknowledged that the Incident Management Training of all staff was not being done as required. 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 facility lease agreement or other resident notifications for 4 of 4 residents (Resident #1 through #4). The findings are: A. On 8/12/08 at 11:30 PM during review of	A66	A66 7.1.13.10 Admission packet currently being used did not address incident reporting information. Effective immediately all current residents & family members were provided with incident reporting policies & procedures & information packet. Signed acknowledgements are on file. Information has been added to packets. cs 8/20/08. 8/26/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2137	A. BUILDING _____ B. WING _____	08/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING	9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120

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A66	Continued From page 25 resident files, it was noted that the files had no documentation of notification to family members/guardians regarding Incident Management Reporting Requirements. B. On 8/12/08 at 3:30 PM during interview with Administrator, she acknowledged that no Incident Management information was provided during the leasing process and no other notification was given. Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry whether the individual under consideration for employment is listed on the registry. 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 7 of 10 staff members. The findings are: A. On 8/12/08 at 2:00 PM during review of the employee files, it was noted that employed Staff #2, #3, #4, #6, #7, #8 and #10 did not have on file documentation of search on the EAR database using the individual's identifying information, prior to hire. B. On 8/12/08 at 2:30 PM during interview with the Administrator she acknowledged the problem.	A66	NMAC 7.1.12.8. EAR data base records which were in personnel file did not all have dates indicating completion prior to hire. All applicants will have EAR completed before hire & print out must demonstrate date data base was accessed. Personnel files which had EAR print outs w/o dates have been replaced. with dated documents. Cathy Tellez 8/25/08	