Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ORIGINAL	2119	A. BUILDING _____ B. WING _____	05/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUENA VISTA SENIOR CARE, LLC	8505 RANCHO SANTA FE PLACE NE ALBUQUERQUE, NM 87113

(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
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: This is a repeat deficiency from the 1/3/2008 survey. Refer to 7.8.2.17(C) - Required On Going Staff Training Based on record review and interview, the facility	A17	NMAC 7.8.2.17 (C) Required On Going Staff Training - This repeat deficient practice is acknowledged and will be corrected in the following manner. Management has hired Adult Care Resources (Sandy Cody) to perform and maintain all required personnel training. Adult Care Management will perform training requirements for, 1. Fire Safety 2. First Aid 3. Safe Food Handling 4. Confidentiality of records 5. Infection Control 6. Resident Rights. 7. Quality Care based on resident needs 8. Reporting Requirements for Abuse, Neglect, and Exploitation. After training each staff member will be entered in Adult Care Trainings data base and Adult Care Training resources will contact and schedule on going training to comply with rule 7.8.2.17 (C). This on going training requirement will also	

EJ Scanned 06-12-09

Division of Health Improvement

Bill Wilkins

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

TITLE: Director

(X6) DATE: 6/8/09

RECEIVED 6899 JUN 12 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

STATE FORM B17711

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A17	Continued From page 1 failed to ensure ongoing training for 4 of 8 facility employees. The findings are: A. On 5/12/09 at 1:00 PM during review of the personnel records, it was noted that there was no documentation of current required training for the following staff: 1. Fire Safety - Staff #1, 2, 3 2. First Aid - Staff #1, 2, 3 3. Safe Food Handling - Staff #1, 2, 3 4. Confidentiality of Records - Staff #1, 2, 3 5. Infection Control - Staff #1, 2, 3 6. Resident Rights - Staff #1, 2, 3 7. Quality Care based on resident needs - Staff #1, 2, 3 8. Reporting Requirements for Abuse, Neglect, and Exploitation - Staff #1, 3, 8 B. On 5/12/09 at 1:00 PM during an interview with the owner, he acknowledged the training is not current.	A17	be monitored by date tracking software in Buena Vista Senior Care's records department. Training has been scheduled with Adult Care Resources for compliant training for Staff Member's #1, 2, 3, & 8 on June 17th 2009.	
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.	A21	NMAC 7.8.2.21 (B)(1-5) Admission Records - This deficient practice is acknowledged and will be corrected in the following manner. Director will create a form to include with our admission packet that will provide the required resident, family member and/or guardian signature as	

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A21	Continued From page 2 (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 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 B. (1-5) Based on record review and interview, the facility failed to maintain the resident's written acknowledgement that the facility, prior to or on the date of admission, provided the resident with and answered questions regarding the facility's program narrative, bed hold policy, and resident's rights under NM law regarding health care decisions for 5 of 5 sampled residents. The findings are: A. On 5/12/09 during review of resident files it was noted that Resident #1, #2, #3, #4 and #5 had no written acknowledgement that the facility provided the resident with, and answered questions regarding the above information. C. On 5/12/09 during interview with the owner, he acknowledged there was no evidence of written acknowledgement by the residents of having received the stated documents.	A21	proof of receipt of the following documents; 1. Facility Program Narrative 2. Facility Rules 3. Facility Admission Agreement including cost and charges, refund provision, and termination policies. 4. Facility Bed Hold Policy 5. Information about the residents right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. This form will be completed and implemented for use on or before June 20th 2009.	

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A26	Continued From page 3	A26	NMAC 8.2.26 Resident Assessments; This deficient practice is acknowledged and will be corrected in the following manner. On June 1st 2009 Adult Care Resources has been hired to provide a nurse who will perform all initial assessments and to enter the resident into a data base to ensure timely 6 month follow-up assessments. Follow-up assessments will also be monitored by date tracking software in Buena Vista Senior Care's record department to further ensure timely compliance.	
A26	7 NMAC 8.2.26 Resident Assessment 7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required.	A26		

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A26	Continued From page 4 However, an individual service plan must be prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.26 - Resident Assessment Based on record review and interview, the facility failed to ensure that current resident assessments were done every 6 months as required for 2 of 5 sampled residents (Resident #1, Resident #4). The findings are: A. On 5/12/09, during review of the resident's records, it was noted Resident #1 had on file, an assessment dated 6/24/08 and 2/2/09; Resident #4 had on file, an assessment dated 2/20/08 and 2/20/09. B. On 5/12/09, during an interview with the owner, he acknowledged the findings.	A26		
A27	7 NMAC 8.2.27 Individual Services Plan 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following:	A27	7 NMAC 8.2.27 Individual Service Plan's This Deficient practice is acknowledged and will be corrected in the following manner. On June 1st 2009 Adult Care Resources has been hired to provide a nurse who will perform all initial	

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A27	Continued From page 5 (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.27 - INDIVIDUAL SERVICE PLAN (Care plan) Based on record review and interview, the facility failed to ensure that current resident care plans were reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs for 2 of 5 sampled residents (Resident #1, Resident #4). The findings are: A. On 5/12/09, during review of the resident's records, it was noted Resident #1 had on file, a care plan dated 6/24/08 and 2/2/09; Resident #4 had on file, a care plan dated 2/20/08 and 2/2/09. B. On 5/12/09, during an interview with the owner, he acknowledged the findings.	A27	Assessments and create necessary Individual Service Plan's as needed and to enter the resident into a data base to ensure timely 6 month follow-up Assessments and Individual Service Plan's. Follow-up Assessments and Individual Service Plan's will also be monitored by date tracking software in Buena Vista Senior Care's record department to further ensure timely compliance.	

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A45	Continued From page 6	A45	7 NMAC 8.2.45 (A) Heating, Ventilation and Air-Conditioning - Heater Inspection, This Deficient practice is acknowledged and will be corrected in the following manner. On 05/19/2009 an invoice copy was faxed to Tracie Smith & Ruby Munholland. This invoice shows that on 01/06/2009 the HVAC system filters were serviced. On June 1st 2009 C.R. Refrigeration was hired to service the unit again. The unit is scheduled for an inspection on June 15, 2009. We have entered this date in our date tracking software with-in Buena Vista Senior Care's record department to ensure service of the unit every six months.	
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 ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices.	A45		

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A45	Continued From page 7 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: 7.8.2.45 A - Heater Inspection Based on record review and interview, the facility failed to provide documentation that its fuel-fired (gas) heater had been checked, tested, and maintained annually by qualified personnel. The findings are: A. On 5/12/09 review of facility records revealed no evidence that the facility's gas heater had been inspected by qualified personnel. B. On 5/12/09 during an interview with the owner of the facility, he acknowledged that the facility could not provide documentation that its gas heater had been inspected.	A45		
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	A66	7 NMAC 8.2.66 Related Regulations & Codes NMAC 7.1.9.8 (A) (F-G) NMAC 7.1.12.8 (A) NMAC 7.1.13.10 (E) These Deficient practices	

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A66	Continued From page 8 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: This is a repeat deficiency from the 1/3/2008 survey. 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. A Care Provider's failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose appropriate administrative sanctions and penalties. 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 of 8 employees (Staff #4 & 6). The findings are: A. On 5/12/09 at 2:35 PM during review of employee records, it was noted that Staff #4 with a hire date of 10/23/08, and Staff #6 with a hire date of 6/22/08 did not have documentation on file of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the current	A66	are acknowledged and will be corrected in the following manner, NMAC 7.1.9.8 (A) Caregivers Criminal History Screening Requirements - This repeat deficiency is acknowledged and will be corrected in the following manner. When a new staff member is considered for hired the finger print process will be completed immediately as follows, the applicant will be sent for the required number finger print cards to be completed with-in the 20 calendar day requirement. Then the CCHS Authorization forms and finger print cards will be sent immediately to CCHS with the required information & payment. When this process is complete the director of Buena Vista Senior Care will have entered the	

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A66	Continued From page 9 facility of employment and conducted subsequent to hire within the required timeframe. B. On 5/12/09 at 2:35 PM during an interview with the owner, he acknowledged that the documentation was not available. Refer to NMAC 7.1.9.8(F-G) - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - Requirement of Timely Submission of application for clearance no later than 20 calender days from the first day of employment. Based on record review and interview, the facility failed to maintain documentation evidencing timely submission to New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 2 of 8 employees. The findings are: A. On 5/12/09 at 2:30 PM during review of employee records, it was noted that Staff #6 with a hire date of 6/22/08, Staff #7 with a hire date of 7/16/08 and Staff #8 with a hire date of 2/18/09 did not have documentation on file that fingerprints had been taken for a full Caregivers Criminal History Screening and had been submitted to the program subsequent to hire within the 20 day required timeframe. B. On 5/12/09 at 2:30 PM during an interview with the owner, he acknowledged the findings.	A66	applicants hire date in our data tracking software and will then follow-up with CCHS if the applicants clearance letter has not been received with-in 30 days. If the applicant is hired prior to the clearance letter being received the new hire will work under the direct supervision of another cleared caregiver until such time the clearance letter is received. The director of Buena Vista Senior Care will follow-up with CCHS on or before June 20th 2009 to determine why a clearance letter has not been received for Staff Member # 4 & 6 in a timely manner. NMAC 7.1.9.8(F-G) Caregivers Criminal History Screening Requirements - This Deficiency is acknowledged and will be corrected in the following manner. When a new staff	

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A66	Continued From page 10 This is a repeat deficiency from the 1/3/2008 survey. 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 6 of 8 current employees. The findings are: A. On 5/12/09 at 2:30 PM during review of employee records, it was noted that employed staff did not have dated documentation on file that the search of the EAR database using the individual's identifying information was checked prior to hire for Staff #1, #3, #4, #5, #6 & #7. B. On 5/12/09 at 2:30 PM during an interview with the owner, he acknowledged the findings. This is a repeat deficiency from the 1/3/2008 survey.	A66	member is considered for hire the finger print process will be completed immediately as follows, the applicant will be sent for the required number finger print cards to be completed within the 20 calendar day requirement. Then the CCHS Authorization forms and finger print cards will be sent immediately to CCHS with the required information & payment. When this process is complete the director of Buena Vista Senior Care will also enter the applicants into our date tracking software and will then follow-up with CCHS if the applicanst's clearance letter has not been received within 30 days. If the applicant is hired prior to the clearance letter being received the new hire will work under the direct supervision of another cleared caregiver until such time the clearance letter is received. The director of Buena Vista Senior Care will review all new hire documents to ensure all documents are	

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A66	Continued From page 11 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 failed to ensure required documentation of training on abuse, neglect and misappropriation of property for 2 of 8 sampled staff (Staff #1 & #3). The findings are: A. On 5/12/09 at 2:30 PM during review of the employee files, it was noted the following required training documentation was not among administrative paperwork: -Incident Management reporting requirements training for 2008 B. On 5/12/09 at 2:30 PM during interview with the owner, he acknowledged the findings. 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 was made available	A66	filed with-in the 20 calender day requirement. NMAC 7.1.12.8 (A) Employee Abuse Registry This repeat deficiency is acknowledged & will be corrected in the following manner. The director of Buena Vista Senior Care has hired a computer technician to set-up our computer printer to include the print date of our Employee Abuse Registry (EAR) reports fore new hire prospects & staff members. This process is complete as of June 5th 2009. The director will ensure that all employee records will include a properly dated Employee Abuse Registry (EAR) report. This report will be completed before the new staff member will be allowed to start work. NMAC 7.1.13.10 (D) Incident Reporting, Intake Processing and Training Requirements - This deficient practice is acknowledged and will be corrected in the following manner. Management has hired Adult Care Resources (Sandy Cody) to perform training on Abuse, neglect, and misappropriation of property for all staff members. Adult Care	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ORIGINAL	2119	A. BUILDING _____ B. WING _____	05/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A66	Continued From page 12 in orientation packet for 5 of 5 current residents. The findings are: A. On 5/12/09 during review of resident files, it was noted that Resident #1, #2, #3, #4 & #5 had no documentation of notification to family members/guardians regarding Incident Management Reporting Requirements on file. B. On 5/12/09 during an interview with the owner, he acknowledged that the documentation was not available.	A66	Resources will provide documentation of this training once completed, This training has been scheduled for June 17th 2009 for Staff Members # 1 & 3 as noted in the deficiency. The director of Buena Vista Senior Care will review all staff members training records and ensure this training is attended at least yearly. NMAC 7.1.13.10 (E) Incident Reporting. Intake Processing and Training Requirements (effective date February 28, 2006) - Consumer and Guardian Orientation Packet - This Deficient practice is acknowledged and will be corrected in the following manner. Director will create a form to include with our admission package which will inform residents, family member and/or guardians of our procedure regarding incident reporting. Each resident, family member and/or guardian will receive a copy of this form and the form explained at the time of each admission. Acknowledgement of this form will require the signature of the resident, family member and/or guardian. This form will be completed and implemented on or before June 20th 2009.	