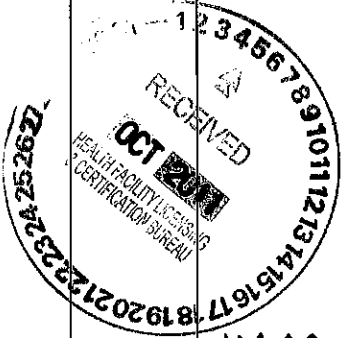


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2011
NAME OF PROVIDER OR SUPPLIER BUENA VISTA SENIOR CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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
A 000	Initial Comments A Complaint investigation was completed for intake #NM00027967 for NMAC 7.8.2 regulations governing Assisted Living facilities. The Complaint was Unsubstantiated. However, deficiencies were cited as a result of the investigation. The alleged perpetrator was referred for placement on the Employee Abuse Registry.	A 000 <i>Scanned 10-7-11 32.</i>		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.32(A)(1) - Reporting of Incidents	A 070	 NMAC 7.8.2.32(A)(1) - Reporting of Incidents - The facility shall also	

Division of Health Improvement

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

TITLE

Director

(X6) DATE

9/28/2011

STATE FORM

0899

H30V11

If continuation sheet 1 of 3

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2011
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A 070	Continued From page 1 The facility shall report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. Refer also to NMAC 7.1.13.9 (A)(2)(b) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. All community based service providers have a duty to report incidents to the department within a twenty four hour period including admission to a hospital or the provision of emergency services that results in medical care which is unanticipated. Based on record reviews and interview, the facility failed to ensure that significant incidents were reported to the licensing authority as required for 1 (#1) of 1 (#1) residents. The findings are: A. Review of Complaint Intake #27967 received on 03/25/2011 revealed that an incident occurred on 10/11/10 involving the misappropriation of liquid morphine, a controlled substance prescribed to Resident #1. B. Review of The Department of Health computerized incident database revealed no incidents had been reported by the facility for the months of October 2010 through March 2011.	A 070	report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. This deficient practice is acknowledged and will be corrected in the following manner: Director has downloaded and printed the (Incident Management System Guide) and (Community Based Incident Report Form) from the Department of Health web-site. Both of these documents have been read and studied. Director has implemented and discussed with management and staff the importance of reporting ANY incident to the director immediately.	

Division of Health Improvement

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A 070	Continued From page 2 C. On 04/04/11 at 3:05 pm, during interview the Administrator of the facility stated that he did not report the incident involving the misappropriation of liquid morphine by a staff member to Incident Management.	A 070	Director will ensure timely reporting of all incidents to Adult Protective Services and/or DHI/IMB utilizing the Department of Health (Incident Management System Guide for Community Based Service Provider Agencies). This policy will be monitored by discussions with management and staff on an ongoing basis to ensure ongoing compliance by the Facility Director. This corrective action policy has been implemented on September 27, 2011 and will remain in force indefinitely. NMAC 7.1.13.9 (A)(2)(b) Incident Reporting - Refer to above response.		