1st Set

PRINTED: 02/02/2009
FORM APPROVED

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
RECITED TAGS	5280	A. BUILDING _____ B. WING _____	R 01/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DEL VALLE I SHELTER CARE	2111 RAVEN LANE SW ALBUQUERQUE, NM 87105

(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
{A20}	7 NMAC 8.2.20 Admissions/ Discharge Agreement 7.8.2.20 ADMISSION/DISCHARGE AGREEMENT: The facility must establish an admission agreement for each resident. A. The admission agreement must include the following information: (1) The parties to the agreement. (2) The scope of services to be provided. (3) The cost of services and method of payment. (4) The circumstances under which the Agreement may be terminated. (a) Termination of admission agreements shall be upon at least fifteen (15) days written notice, to the resident and his or her agent or guardian, where applicable, unless the resident requests termination. (b) The facilities bed hold policy. (c) An admission/discharge agreement may provide for termination by the facility when the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. (d) Termination of an admission agreement by the facility is permitted in emergency situations for the following reasons: the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; the safety or health of individuals in the facility is endangered; the resident has failed to pay for a stay at the facility, as defined in the admission agreement; the facility ceases to operate or is no longer able to provide services to the resident; and due to sanctions or remedies imposed by the Department. B. A new or amended admission agreement must be executed whenever services, costs or	{A20}	EJ Scanned 02-17-09	

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

DIR 2/9/09

Division of Health Improvement

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{A20}	Continued From page 1 other material terms are changed. [7-11-86, 1-11-90, 4-7-97; 7.8.2.20 NMAC - Rn, 7 NMAC 8.2.20, 8-31-00] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from the September 25, 2008 survey. This deficiency was not corrected as stated in the plan of correction. Refer to 7.8.2.20(A)(2) - Admission Agreement Based on record review and interview, the facility failed to provide an admission agreement that gave accurate information regarding the scope of services provided to 7 of 9 sampled residents. The findings are: A. On 1/28/09 during record review, it was noted that the admission agreement contains information that is not accurate for Resident #2, #3, #4, #5, #6, #7 and #8. The "Program Narrative for Assisted Living Homes" given to and signed by residents as part of their admission agreement states that, "our on-site caregivers are medication aid certified". B. On 1/29/09 during telephone interview with the owner, she stated that she was not aware of any changes to the narrative, she stated she was not aware of the deficiency and was not aware of the corrections written in the plan of correction stating the changes to be made.	{A20}	(1) Program Narrative changed to correctly state that Caregivers are certified to Assist with Self-Administration of medications." (2) Mang will review all resident files to ensure that corrected Program Narrative is completed, signed by resident or POA and filed accordingly. (3) Mang will upon admission ensure that all new residents read and sign updated Program Narrative. (4) 2/1/09	