Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5624	A. BUILDING _____ B. WING _____	12/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

(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: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE, ON FILE, DOCUMENTATION OF ORIENTATION AND AN ON-GOING ANNUAL STAFF TRAINING IN THE REQUIRED AREAS FOR 100% OF FACILITY STAFF. THE FINDINGS ARE:	A17		

RECEIVED
JAN 23 2007

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

Mary Jones owner 1-12-07

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A17	Continued From page 1 A. DURING REVIEW OF STAFF FILES, NO RECORDS WERE AVAILABLE FOR THE FOLLOWING ANNUAL TRAINING: ORIENTATION, FIRE SAFETY, CURRENT FIRST AID, SAFE FOOD HANDLING PRACTICES, CONFIDENTIALITY OF RECORDS AND RESIDENT INFORMATION, INFECTION CONTROL, RESIDENT RIGHTS, PROVIDING QUALITY RESIDENT CARE. B. ON 12/26/06 DURING THE EXIT INTERVIEW, THE MANAGER ACKNOWLEDGED THE PROBLEM.	A17	The facility will have a file documentation of employee orientation and on-going annual staff training for 100% of facility staff. Records of annual training for orientation, fire safety, current first aid, safe food handling practices, confidentiality of records and resident information, infection control, resident rights and providing quality resident care. By correcting the violation employees will be current on training and will be able to provide and ensure safety and quality care to all facility residents. Files will be audited semi-annually; corrections will be made by 1/25/07.	
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 regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another	A19		

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A19	Continued From page 2	A19		

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.

(c) The resident's agent, guardian or surrogate decision maker.

(d) The resident's advocate, such as the resident's case manager, Ombudsman, or

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A19	Continued From page 3 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] This REQUIREMENT is not met as evidenced by:	A19		

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A19	Continued From page 4 BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO SUBMIT CARE PLANS TO THE LICENSING AUTHORITY WITHIN FIVE (5) DAYS OF THE COMPLETION OF AN ADMISSION/RETENTION EXCEPTION, REQUIRING NURSING SERVICES FOR 4 OF 6 RESIDENTS (R1, R2, R3, AND R4). THE FINDINGS ARE: DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT THE LICENSING AUTHORITY HAD BEEN NOTIFIED OF AN ADMISSION RETENTION/EXCEPTION MEETING FOR R1, R2, R3, AND R4. ON 12/26/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THE PROBLEM. BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED ENSURE THAT THE NEW MEXICO STATE OMBUDSMAN WAS PART OF THE TEAM MEETING TO DETERMINE APPROPRIATENESS OF PLACEMENT FOR AN ADMISSION/RETENTION EXCEPTION, REQUIRING NURSING SERVICES FOR 4 OF 6 RESIDENTS (R1, R2, R3, AND R4). THE FINDINGS ARE: DURING REVIEW OF THE RESIDENT RECORDS, THERE WAS NO DOCUMENTATION THAT THE NEW MEXICO STATE OMBUDSMAN WAS PART OF AN INTERDISCIPLINARY TEAM MEETINGS HELD FOR R1, R2, R3, AND R4 RESIDING IN THE FACILITY AND WHO ARE CURRENTLY	A19	The facility will submit care plans to the licensing authority for R1, R2, R3, & R4 requiring nursing services. The facility will construct an interdisciplinary team for R1, R2, R3, & R4 including an ombudsman to determine appropriate placement for each resident requiring nursing services. By correcting the violations each employee, interdisciplinary team member and resident will be made aware of care plans.	

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A19	Continued From page 5 RECEIVING THE SERVICES OF A NURSING AGENCY. 12/26/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THE PROBLEM.	A19	All resident care plans will be audited monthly and changes will be mentioned to team members and residents and documented immediately. Corrections will be made by 1/25/07.	
A34	7 NMAC 8.2.34 RESIDENT RIGHTS 7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents. A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding. B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority: (1) the resident's spouse; (2) any of the resident's adult children; (3) either of the resident's parents; (4) any relative the resident has lived with for six or more months before admission; (5) a person who has been caring for, or paying benefits on behalf of the resident; (6) a placing agency; or (7) any other person, e.g., Ombudsman. C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility: D. The facility, to protect resident rights must: (1) Treat all residents with courtesy, respect, dignity and compassion. (2) To the extent that resident required	A34		

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A34	Continued From page 6 services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality. (3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any changes. (4) Assure that residents have a safe and sanitary living environment. (5) Provide humane care. (6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records. (7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room. (8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family, friends, lawyers, ombudsmen and community organizations. (9) Prohibit the use of any and all physical and chemical restraints. (10) Assure the residents are free from physical and emotional abuse and neglect. (11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management. (12) Consistent with the resident's health, abilities and security, assure the right of the resident to freely participate in religious, social, community and other activities; and freely	A34		

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A34	Continued From page 7 associate with persons in and out of the facility. (13) Permit the residents to leave the facility freely and return without unreasonable restriction. (14) Prevent unjustified room transfers or discharge from this facility. (15) Use care and management practices that foster social interaction and avoid practices that unnecessarily result in social isolation. (16) Provide services consistent with informed consent. (17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation. (18) Promptly address and resolve resident complaints. (19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment. (20) Respect a resident's choice of doctor, pharmacist and other health care provider. (21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care. (22) Respect a resident's right to keep and use personal possessions without loss or damage. (23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds. (24) Allow residents to freely organize and participate in a resident association that may	A34		

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A34	Continued From page 8 recommend changes in the facility's policies, services and management. (25) Require no resident to work for the facility. (26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker. (27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care. E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO PROCURE PHYSICIAN'S ORDERS FOR THE USE OF BED RAILS FOR 1 OF 6 FACILITY RESIDENTS (R1). THE FINDINGS ARE: DURING THE INITIAL TOUR OF THE FACILITY, IT WAS NOTED THAT FULL BED RAILS FOR RESIDENT (R1), WERE PULLED UP WHILE THE RESIDENT WAS TAKING A NAP. ON 12/26/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THAT THERE WAS NO PHYSICIAN ' S ORDER INDICATING THE USE OF ANY SIZE BED RAILS FOR THAT RESIDENT.	A34	The facility will obtain physician's orders for the use of bed rails for R1. Orders will be obtained by any residents physician if needed in detail, for any equipment needed. obtaining physician's orders for special equipment will ensure the safety of the resident and that it is used correctly. With auditing residents files monthly the facility will ensure that any equipment used has physician's orders. The violation will be corrected by 1/25/07.	
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any	A35		

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A35	Continued From page 9 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 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	A35		

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A35	Continued From page 10 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 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: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT MEDICATIONS WERE STORED IN A LOCKED COMPARTMENT.	A35	The facility will ensure medications will be stored in a lock compartment to ensure the safety of all residents. The medication cabinet will be locked at all times, and the key to the cabinet will be in care of the facility director or designee. Keeping the medication cabinet locked and designating an individual to keep the key will ensure the safety of all residents. The facility will have an individual designated to keep the key to the medication cabinet and monitor the cabinet's security for each shift.	

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A35	Continued From page 11 THE FINDINGS ARE: A. DURING A TOUR OF THE FACILITY ON 12/26/06 AT 12:30 PM, IT WAS OBSERVED THAT THE CLOSET IN WHICH MEDICATIONS WERE BEING STORED WAS UNLOCKED B. ON 12/26/06 DURING THE EXIT INTERVIEW, THE MANAGER ACKNOWLEDGED THE CLOSET WAS UNLOCKED AT THE TIME OF SURVEYOR OBSERVATION.	A35	The violation will be corrected by 1/25/07.	
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the	A36		

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A36	Continued From page 12	A36		

resident's record.

D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.

E. Medications prescribed for one resident shall not be used for another resident.

F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:

(1) Name of resident.
(2) Date started.
(3) Drug product name.
(4) Dosage and form.
(5) Strength of drug.
(6) Route of administration (e.g. "by mouth").
(7) How often medication is to be taken.
(8) Time taken and staff initials.
(9) Dates when the medication is discontinued or changed.
(10) The name and initials of all staff administering medications.

G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.

H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions:

(1) The resident is capable of determining when the medication is needed.
(2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5624	A. BUILDING _____ B. WING _____	12/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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A36	Continued From page 13 (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO PROPERLY DOCUMENT MEDICATIONS ADMINISTERED FOR 1 OF 6 RESIDENTS (R1). THE FINDINGS ARE: A. DURING REVIEW OF THE MAR FOR RESIDENT #1, IT WAS NOTED THAT THE 12/26/06 DOSE OF PRESCRIPTION FERROUS SULFATE (IRON PILLS), SCHEDULED TO BE GIVEN AT THE NOON HOUR, WERE NOT SIGNED OFF AS HAVING BEEN ADMINISTERED TO THE RESIDENT. B. ON 12/26/06 DURING EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THE PROBLEM.	A36	The facility will properly document medications administered for R1. Any resident that receives prescribed medication will be signed off as having been administered to resident. This will ensure that right resident receives the medication, right dose, right route, and the right time. Each time a resident receives medication, the medication will be signed off immediately. The documentation will be verified after each dose by the shift supervisor. Violation corrected by 12/29/06	

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A37	Continued From page 14	A37		
A37	7 NMAC 8.2.37 NUTRITION 7.8.2.37 NUTRITION: Each facility shall provide planned and nutritionally balanced meals in accordance with the recommended daily dietary allowance from the basic food groups to meet the nutritional needs of the age group. A. At least three (3) meals shall be served daily at regular times, or in accordance with the program narrative. (1) No more than a sixteen (16) hour span may exist between a substantial evening meal and breakfast. Snacks must be made available between meals and in the evening and must be listed on the daily menu. Vending machines shall not be considered a source of snacks. (2) A sufficient amount of time shall be allowed for meals to enable residents to eat at a leisurely pace and to socialize. B. A copy of the current week's menu, including snacks and therapeutic diets, shall be posted where residents and families can see it. Posted menus shall be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu. Menus as served must be kept for thirty (30) days and be available to the public. Identical menus shall not be used on a one (1) week cycle basis. C. Therapeutic diets and prescribed vitamin and mineral supplements shall be given and served only on the written orders of a physician. The physician's order shall become part of the resident's record and shall be updated as necessary. D. The facility shall make every reasonable attempt to accommodate the resident's food preferences, and requests by the resident or the resident's representative to observe religious or cultural dietary practices.	A37		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A37	Continued From page 15 E. Personnel handling food must be in good health , practice hygienic food-handling techniques, have good personal grooming, and be free from communicable disease transmissible via food. F. Ensure the food is prepared by methods that will conserve nutritive value, enhance flavor, appearance, and is served at the proper temperature and in a form to meet individual needs. G. All residents must be served in a dining room except for residents with a temporary illness, or documented specific personal preference. H. If a resident consistently refuses to eat after encouragement, the resident shall be evaluated by an appropriate health professional. The resident shall be offered fluids more often during the time he/she is refusing to eat. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.37 NMAC - Rn, 7 NMAC 8.2.37, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO KEEP, ON FILE, ONE (1) MONTH OF MENUS AS PLANNED AND SERVED. THE FINDINGS ARE: A. DURING TOUR OF THE FACILITY, A MENU WAS SEEN POSTED ON THE KITCHEN BULLETIN BOARD. THIS MENU HAD NO MONTH, DATES OR YEAR WRITTEN ON IT AND AS SUCH, COULD NOT BE CONSIDERED "CURRENT". DURING REVIEW OF OTHER ADMINISTRATIVE PAPERWORK, NO OTHER MENUS WERE SEEN. B. ON 12/26/06 DURING EXIT INTERVIEW	A37	The facility will have available for residents and public the ability to view one (1) month of menus as planned and served to facility residents. Menus will clearly show month, date, or year to indicate it is ~~correct~~ current. By having menus available to employees, residents, and the public. the facility is allowing all parties involved to know the meals being served, when, and how often. The facility's menu will be audited semi-~~annually~~ monthly to ensure they are current and properly documented.	

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A37	Continued From page 16 WITH THE MANAGER, SHE ACKNOWLEDGED THAT THE POSTED MENU DID NOT HAVE ANY CURRENT INFORMATION.	A37	The violation was corrected 12/27/06.	
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 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	A38		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A38	Continued From page 17 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: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE DOCUMENTATION OF AN ANNUAL INSPECTION BY THE ENVIRONMENTAL HEALTH AUTHORITY (NMAC 7.6.2). THE FINDINGS ARE: A. DURING REVIEW OF THE FACILITY RECORDS NO DOCUMENTATION OF AN ANNUAL ENVIRONMENTAL HEALTH INSPECTION OF THE FACILITY KITCHEN WAS SEEN. B. ON 12/26/06 DURING THE EXIT INTERVIEW, THE MANAGER STATED THAT THE ENVIRONMENTAL HEALTH AUTHORITY HAD NOT CONDUCTED A SURVEY AT THE FACILITY FOR SEVERAL YEARS .	A38	The facility will post documentation of an annual inspection by the environmental health authority in a conspicuous place in the kitchen. Posting the documentation will verify that the facility is environmentally for the residents and the employees. Facility will contact the environmental health authority to come and survey the facility. The violation was corrected 12/27/06.	
A41	7 NMAC 8.2.41 BUILDING CONSTRUCTION 7.8.2.41 BUILDING CONSTRUCTION: When	A41		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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A41	Continued From page 18 construction of buildings, additions,or alterations to existing buildings are contemplated, plans, code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility. (3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents.	A41		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A41	Continued From page 19 (4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability. (5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided: (a) The facility was in compliance with codes and standards at the time of initial licensure. (b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff. (c) The facility maintains prompt evacuation capabilities. B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses. C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner. (1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation. (2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is	A41		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A41	Continued From page 20 protected by an approved automatic fire protection (sprinkler) system. (3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system. D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following: (1) Main entry into the facility must provide wheelchair access. (2) Building must allow access to main living area and dining area. (3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. (4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch diameter clear space (turning radius for a wheelchair). (5) If ramps are provided to the building, a minimum slope of twelve (12)inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails. (6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering.	A41		

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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A41	Continued From page 21 E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT FIRE SAFETY EVACUATION RATINGS (FSES) WORKSHEETS WERE CURRENT FOR 6 OF 6 RESIDENTS (R1, R2, R3, R4, R5 AND R6). THE FINDINGS ARE: DURING REVIEW OF THE FACILITY RECORDS, IT WAS NOTED THAT NOTED THAT THE FSES ON FILE, DID NOT CORRESPOND WITH THE CURRENT RESIDENTS OF THE FACILITY. ON 12/26/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THE PROBLEM. BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT FIRE SAFETY EVACUATION RATINGS (FSES) EVACUATION SCORE FOR THE FACILITY WAS CURRENT FOR 6 OF 6 RESIDENTS (R1, R2, R3, R4, R5 AND R6). THE FINDINGS ARE: DURING REVIEW OF THE FACILITY RECORDS, IT WAS NOTED THAT NOTED THAT THE FSES ON FILE, DID NOT CORRESPOND WITH THE CURRENT	A41	The facility will obtain a current Fire Safety Evacuation Score ratings (FSES) work-sheets for R1, R2, R3, R4, R5, and R6. All FSES will correspond with current residents of the facility. The facility will obtain a Fire Safety Evacuation Scores ratings (FSES) for R1, R2, R3, R4, R5 & R6. By obtaining a Fire Safety Evacuation Score so to know the facility has an FSES that will ensure the safety of R1, R2, R3, R4, R5, and R6. The FSES will be reviewed annually by Fire Safety. The violation will be corrected. 1/25/07.	

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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A41	Continued From page 22 RESIDENTS OF THE FACILITY AND AS A RESULT, THE EVACUATION RATING FOR THE FACILITY WAS NOT ACCURATE. ON 12/26/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.	A41		
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND 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.	A45	The Facility will replace all window screens to the outside dinning room window. The Facility will obtain documentation of annual fuel-fire heating system inspection. Maintaining the facility will ensure the residents and employees from outside elements. Obtaining a fuel-fire heating system inspection will verify that the facility is providing safe environment for the residents. The facility will be maintained inside and out at all times. The fuel-fire heating system inspection will be conducted annually. The violations were corrected December 27, 2006	

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	5624	A. BUILDING _____ B. WING _____	12/27/2006

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BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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A45	Continued From page 23 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] This REQUIREMENT is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO PROPERLY MAINTAIN WINDOW SCREENS FOR TWO (2) FACILITY WINDOWS. THE FINDINGS ARE: A. DURING A TOUR OF THE FACILITY, IT WAS NOTED THAT ONE (1) WINDOW SCREEN OUTSIDE THE DINING ROOM WINDOW WAS MISSING. IN ADDITION, IT WAS NOTED THAT ONE (1) WINDOW SCREEN OUTSIDE THE DINING ROOM WINDOW HAD HOLES IN IT. B. ON 12/26/06 DURING THE EXIT INTERVIEW WITH THE ADMINISTRATOR, SHE ACKNOWLEDGED THE PROBLEM.	A45		

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A45	Continued From page 24 BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE DOCUMENTATION OF ANNUAL FUEL-FIRE HEATING SYSTEM INSPECTION. THE FINDINGS ARE: A. DURING REVIEW OF THE FACILITY RECORDS, NO DOCUMENTATION OF ANNUAL FUEL-FIRE HEATING SYSTEM INSPECTION WAS SEEN. B. ON 12/26/06 DURING THE EXIT INTERVIEW, SHE STATED THAT SHE WOULD CORRECT THE PROBLEM.	A45		
A56	7 NMAC 8.2.56 TOILET AND BATHING FACILITIES 7.8.2.56 TOILET AND BATHING FACILITIES: A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit must be provided for every eight (8) residents or fraction thereof. Each facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. B. The combination type tub and shower is permitted. C. toilets, tubs, and showers must be provided with grab bars. D. If a facility has live in staff, a separate toilet, sink, and bathing facility must be provided. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a separate toilet, sink, and bathing facility for live in staff. E. Tubs and showers must have a slip resistant surface. F. Toilet, sink, and bathing facilities must be readily available to the residents. No passage through a resident room by another resident to	A56	The facility will have all toilet handrails will be mounted properly in bath rooms #1 and #2 Properly mounted toilet hand-rails will prevent a resident from injury and provide a safe environment. All resident assisting equipment will be checked on the daily basis to ensure resident safety. The violation was corrected December 27, 2006	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5624	A. BUILDING _____ B. WING _____	12/27/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAMAH HOUSE	11601 BELLAMAH NE ALBUQUERQUE, NM 87112

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A56	Continued From page 25 reach a toilet, bath, or sink facility is permitted. G. All facilities must have a minimum of one (1) toilet and bathing facility which meets requirements for the disabled. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a toilet and bathing facility which meets requirements for the disabled. H. Toilet paper and soap must be provided in each toilet room. I. The use of a common towel is prohibited. J. Bathrooms and lavatories must be cleaned as often as necessary to maintain a clean and sanitary condition. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.56 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO ENSURE THAT HANDRAILS WERE SECURE FOR 2 OF 2 FACILITY TOILETS. THE FINDINGS ARE: A. DURING A TOUR OF THE FACILITY, IT WAS NOTED THAT HANDRAILS MOUNTED TO TOILETS IN BATHROOMS #1 AND BATHROOM #2 WERE "LOOSE" AND MOVED FROM SIDE TO SIDE UPON APPLICATION OF PRESSURE. B. ON 12/26/06 DURING THE EXIT INTERVIEW, THE ADMINISTRATOR ACKNOWLEDGED THE PROBLEM.	A56		
A59	7 NMAC 8.2.59 FIRE CLEARANCE AND INSPECTIONS 7.8.2.59 FIRE CLEARANCE AND INSPECTIONS:	A59		

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A59	Continued From page 26 A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO KEEP ON FILE A CURRENT FIRE INSPECTION REPORT. THE FINDINGS ARE: A. DURING REVIEW OF FACILITY RECORDS, IT WAS NOTED THAT THE FIRE INSPECTION REPORT ON FILE WAS DATED 2004. B. ON 12/26/06 DURING THE EXIT INTERVIEW, THE MANAGER ACKNOWLEDGED THE PROBLEM.	A59	The facility will obtain and maintain on file a current fire inspection report. Obtaining a current fire inspection report will verify that the facility is fire safe for all its residents and employees. A fire inspection for the facility will be conducted annually. The violation will be corrected by January 25, 2007	
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other	A66	The facility will ensure all employees will be cleared through the New Mexico Caregiver's Criminal History Screening and documentation will be made	

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A66	Continued From page 27 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 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE, ON SITE, DOCUMENTATION THAT DIRECT CARE STAFF HAD BEEN CLEARED THROUGH THE NEW MEXICO CAREGIVERS' CRIMINAL HISTORY SCREENING (CCHS) PROGRAM (NMAC 7.1.9) FOR 1 OF 4 EMPLOYEES (S4). THE FINDINGS ARE: A. DURING RECORD REVIEW, NO DOCUMENTATION OF CLEARANCE LETTER FORM THE NEW MEXICO CAREGIVERS' CRIMINAL HISTORY SCREENING PROGRAM (CCHS) WAS SEEN FOR S4. B. DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THAT SHE DID NOT HAVE A CLEARANCE LETTER FOR THIS EMPLOYEE. BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION THAT THE EMPLOYEE ABUSE REGISTRY (EAR)	A66	available. Having each employee obtain a New Mexico Caregivers' Criminal History Screening will ensure that facility employees do not have past criminal history that could cause harm to the Facility residents. Employee Criminal history screening will be verified annually and any potential new hire will have to provide a current New Mexico Caregivers' Criminal History Screening Violation will be corrected by January 25, 2007	

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FORM APPROVED

Division of Health Improvement

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A66	Continued From page 28 DATABASE WAS CHECKED (PRIOR TO OFFER OF EMPLOYMENT) IN ACCORDANCE WITH NMAC 7.1.12 (EFFECTIVE January 1, 2006) FOR 1 OF 4 DIRECT CARE STAFF (S3). THE FINDINGS ARE: A. DURING REVIEW OF THE EMPLOYEE FILES, IT WAS NOTED THAT AN EMPLOYEE HIRED IN December 2006 (S3) DID NOT HAVE ON FILE DOCUMENTATION OF SEARCH ON THE REGISTRY USING THE INDIVIDUAL'S IDENTIFYING INFORMATION. B. ON 12/27/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THAT THIS HAD NOT BEEN DONE. BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN DOCUMENTATION THAT THE EMPLOYEE ABUSE REGISTRY DATABASE WAS CHECKED IN ACCORDANCE WITH NMAC 7.1.12 (EFFECTIVE January 1, 2006) FOR 3 OF 4 DIRECT CARE STAFF HIRED PRIOR TO January 1, 2006 (S1, S2 AND S4). THE FINDINGS ARE: A. DURING REVIEW OF THE EMPLOYEE FILES, IT WAS NOTED THAT EMPLOYEES HIRED PRIOR TO January 1, 2006 (S1, S2 AND S4) DID NOT HAVE DOCUMENTATION ON FILE OF SEARCH ON THE REGISTRY USING THE INDIVIDUAL'S IDENTIFYING INFORMATION. B. ON 12/27/06 DURING THE EXIT INTERVIEW WITH THE MANAGER, SHE ACKNOWLEDGED THAT THIS HAD NOT BEEN	A66	The facility will maintain documentation that each employee has been checked in the Employee Abuse Registry Database. Obtaining employee information from the database will ensure hire of people qualified and with no abuse record. Ensuring resident safety. The Employee Abuse registry will be verified annually for existing employees, also checked for potential new hires.	

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A66	Continued From page 29 DONE.	A66	Violation will be corrected by January 25, 2007 Done.	