STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2134	A. BUILDING _____ B. WING _____	R 02/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS ASSISTED LIVING FACILITY	3051 TWIN OAKS DRIVE NW ALBUQUERQUE, NM 87120

(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
A34	7 NMAC 8.2.34 Resident Rights	A34		

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 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

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A34	Continued From page 1	A34		

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 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

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A34	Continued From page 2	A34		

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 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.

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A34	Continued From page 3 (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: Refer to NMAC7.8.2.34(D)(9) - All facilities must protect and enhance rights of all residents, to include prohibition of physical restraints Based on observation and interview, the facility failed to ensure that all residents were free of physical restraints (Resident's #1, #2 and #3). The findings are: A. On 2/9/2010 during random observation of the facility, it was noted that beds for Resident's #1, #2 and #3 were fitted with full bed rails. B. On 2/9/2010 during interview with the Administrator, she acknowledged these findings.	A34	(1) Clients bed rail were switched to "1/2" Rail bed systems per regulation (2) Facility will inspect all other residents bed rails to ensure compliance. (3) Mang will ensure that upon admission that full bed rail are not installed on Clients beds. (4) 2/16/10 Note: See attached delivery tickets for delivery of "1/2 bed rails".	
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	A66		

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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:
Refer to NMAC 7.1.9.8 - 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 1 of 8 employees (Staff #8). The findings are:

A. On 2/8/2010 during review of employee records, it was noted that Staff #8, with a hire date of 5/11/2009 and who is a current employee of the facility did not have on file documentation of CCHSP nationwide or statewide screening clearance letter addressed to the current facility of employment and conducted subsequent to hire within the required timeframes nor documentation of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the current facility of employment and conducted subsequent to hire within the required timeframes.

B. On 2/9/2010 during interview with the Administrator, she acknowledged the matter.

Refer to NMAC 7.1.9.8(F) - Caregivers Criminal

(1) Facility will file and request a CCHSP for each new hire employee on a timely basis as required by regulation.
(2) Mang will review each employee file to ensure that a CCHS has been requested and filed in the employees file on a timely basis per requirements.
(3) Mang will prior to hire complete and submit a CCSH request. Results of screening will be placed in emp file.
(4) 2/15/10

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A66	Continued From page 5 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 ensure timely submission to New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 7 of 8 of sampled direct care staff files (Staff #1 through #7). The findings are: A. On 2/9/2010 during review of the employee listing, there was no evidence of timely submission of the required information to CCHSP within the 20 day required time frame for Staff #1, with a hire date of 11/9/09, Staff #2, with a hire date of 11/9/09, Staff #3, with a hire date of 12/18/09, Staff #4 with a hire date of 12/4/2010, Staff #5 with a hire date of 11/20/2009, Staff #6 with a hire date of 12/4/09 and Staff #7 with a hire date of 12/16/2009. B. On 2/9/2010 during interview with the Administrator, she acknowledged the matter.	A66		

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