Division of Health Improvement

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 04/19/2010

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
{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 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 RE-VISIT SURVEY DATED 2/10/2010 Refer to NMAC 7.1.9.8(F) - 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 ensure timely submission to New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 1 of 8 of sampled direct care staff files (#8). The findings are: A. On 4/19/2010 during review of the employee listing, there was no evidence of timely submission of the required information to CCHSP	{A66}	Scanned 06-17-10 RECEIVED JUN 2010 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Director TITLE

6/8/10 (X6) DATE

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

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{A66}	Continued From page 1 within the 20 day required time frame for Staff #8 with a hire date of 3/10/2010. There were no fingerprints on file, mail receipt or other evidence to show as evidence of compliance as of 4/19/2010. B. On 4/19/2010 during interview with the Administrator, she acknowledged that as of that interview, the fingerprints for the new staff were not yet done.	{A66}	(1) Facility will have all current employees complete application submission for CCHSP. (2) Mang will review all current employees and ensure that they have started application process for CCHSP. Mang will upon hire log all employment dates to ensure that CCHSP process is started on a timely basis. (3) Mang will log and maintain an Employee "Clearance Roster Log" which will clearly log employee hire dates which will insure ensure that CCHSP are completed on timely basis. 4/30/10	