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	5686	A. BUILDING _____ B. WING _____	03/22/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARISTOCRAT ASSISTED LIVING	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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
A16	7 NMAC 8.2.16 STAFF QUALIFICATIONS 7.8.2.16 STAFF QUALIFICATIONS: A facility must employ staff that meet the following qualifications: A. ADMINISTRATOR/DIRECTOR/OPERATOR: (1) Be at least twenty-one (21) years of age. (2) Demonstrate basic respect for the dignity of residents. (3) Be financially solvent and have a good credit history (credit reports must be provided to verify this requirement). (4) Be of good moral character. Applicants must comply with the requirements of the New Mexico Caregivers Criminal History Screening Act. (5) Be able to communicate with the residents and other staff members in the language spoken by the majority of the residents and other employees. (6) Have a high school diploma or its equivalent. (7) Be of sound mind, and not currently dependent upon alcohol or illegal drugs. (8) Have a proven ability to administer, direct and operate an adult residential health facility as demonstrated by education and/or work experience and provide three notarized letters of reference from persons unrelated to the applicant sent with the application as a packet to the Licensing Authority. The evidence of education and experience must be detailed in either the Application or a separate resume or curriculum vitae. B. DIRECT CARE STAFF (1) Be of at least eighteen (18) years of age. (2) Have adequate education, training, or experience to provide for the needs of the	A16		

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A16	Continued From page 1 residents. (3) Be physically, mentally, and emotionally equipped to carry out responsibilities of resident care, including not being currently dependent upon alcohol or illegal drugs. [5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 5-28-99; 7.8.2.16 NMAC - Rn, NMAC 8.2.16, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.16 A. (4) Based on record review and interview the facility failed to comply with the requirements of the New Mexico Caregiver Criminal History Screening Act for the Executive Director of the facility. The findings are: A. Record review on 3/21/07 revealed no Caregiver Criminal History Screening Clearance letter for the Executive Director of the facility with a hire date of 7/7/05. There was no records on file that the required documents and fees had ever been sent to the New Mexico Department of Health. B. In the exit interview the Executive Director at 8:30 AM on 3/22/07, the Executive Director acknowledged there is no Caregiver Criminal History Screening Clearance letter for herself and no records on file that the required documents and fees have ever been sent.	A16	will complete Criminal History Screening + have Letter in Executives File. The facility will complete Criminal History ~~Prior~~ Prior to Hire to assure all screening are completed. will monitor Files more Frequently to assure they meet Regulatory Requirements.	3/23/07
A22	7 NMAC 8.2.22 RESIDENT RECORDS 7.8.2.22 RESIDENT RECORDS: A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person	A22		

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A22	Continued From page 2 making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission: (a) An executed admission agreement. (b) A completed resident assessment form. (c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical. (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers. (3) Within thirty (30) days of admission: (a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission. (b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and diet required. (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan.	A22		

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A22	Continued From page 3 (f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the entry and shall include significant information related to the individual service plan. (g) Entries providing a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention, and entries reflecting appropriate follow-up. The maintenance of such written record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility. (h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications. (i) Date, time and progress note of health services provided by any contract agency. (j) Unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures. (k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care	A22		

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A22	Continued From page 4 facility. (l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care facility, upon death or transfer. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge. (4) There must be a policy and procedure in place for record retention in the event of facility closure. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.22 A. (3) (f) Based on Record Review the facility failed to have authenticating signatures on entries by direct care staff on the 24 hour document and the 2 hour checks for 3 of 5 residents, (R1, R2, R4, R5, & R6). The findings are: A. Record Review on 3/20/07 revealed the 24 hour documents and the 2 hour checks with no authenticating signature for the entries made by direct care staff.	A22	facility will have signature sheet on both 24 hour documentation and 2 hour checks. ~~and signed~~. Director will complete Daily checks to assure that both 24hr & 2hour checks are completed and signed. 3/23/07 Director will monitor documentation to assure they meet regulation Requirements	

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A22	Continued From page 5 7.8.2.22 A. (3) (f) Based on Record Review and Interview the facility failed to have authenticating signatures on entries by direct care staff on the Medication Administration/Assistance Record for 2 of 6 residents, (R1 & R2). The findings are: A. Record Review on 3/20/07 revealed the Medication Administration/Assistance Record had no authenticating signatures for the entries made by some of the direct care staff for Residents R1 & R3. B. In the exit interview the Executive Director at 8:30 AM on 3/22/07, the Executive Director acknowledged that the Staff's signatures were missing on the Medication Administration/Assistance Record for Residents R1 & R3.	A22	facility will have all Authenticating signatures on entries by Direct Care Staff on medication Administration/Assistance Records. ~~for~~ 4 Will keep on reminding Staff who assist w/ medications to sign the entries. 3/22/07 Director will Review all entries to assure that ~~staff are~~ Authenticating signatures are Present & that ~~they~~ meet Regulatiau Regirements.	
A26	7 NMAC 8.2.26 RESIDENT ASSESSMENT 7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns.	A26		

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A26	Continued From page 6 (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A. Based on record review and interview the facility failed to have an assessment reviewed and/or updated at least every six (6) months for 1 of 6 residents (R5). The findings are: A. Record review on 3/20/07 revealed an assessment for resident R5 that was last updated and/or reviewed on 6/1/06. B. In the exit interview with the Executive Director at 8:30 AM on 3/22/07, the Executive Director acknowledged the assessment for	A26	RN will complete assesment on Residents Assesment Plans facility will have RN complete assesments every 6 months. 3/22/07 Director will check charts every month to assure that assesments meet Regulations Requirements.	

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A26	Continued From page 7 resident R5 was last updated and/or reviewed on 6/1/06.	A26		
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.82.27 A. Based on record review and interview the facility failed to have the individual service plan reviewed by a licensed nurse at least every six (6) months for 1 of 6 residents (R5). The findings are:	A27		

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A27	Continued From page 8 A. Record review on 3/20/07 revealed an individual service plan for resident R5 that was last updated on 6/1/06. B. In the exit interview the Executive Director at 8:30 AM on 3/22/07, the Executive Director acknowledged the individual service plan for resident R5 was last updated on 6/1/06.	A27	RN will update and sign service plans every Six months. Director will check service plans on monthly Basis to assure they are updated & signed every 6 months.	VM 3/22/07
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:	A34	~~will~~ NM facility will review charts every month to assure they meet Regulation Recirements	3/22/07

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A34	Continued From page 9 (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 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,	A34		

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A34	Continued From page 10 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 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	A34		

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A34	Continued From page 11 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. (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: 7.8.2.34 D. (9) Based on observation and interview the facility failed to prohibit the use of physical restraints for 3 of 6 residents (R4, R5, & R6). The findings are: A. During tour of the facility on 3/20/07 at 8:30 AM, full beds rails were observed on the beds for Residents R4, R5, & R6. B. In an interview with Staff S15 on 3/20/07 at 8:30 AM, Staff S15 acknowledged the full bed rails were used in the up position when the residents are in bed for Residents R4, R5, & R6.	A34	The facility will Remove all physical Restraints and Prohibit the use of any. will remove the full rails on beds and only use 1/2 or 1/4 rails. 3/26/07 will Explain to Dr's + to medical supply company's of this regulation My Director will monitor facility to make sure NO restraints are not being used.	
A37	7 NMAC 8.2.37 NUTRITION 7.8.2.37 NUTRITION: Each facility shall	A37		

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A37	Continued From page 12 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. E. Personnel handling food must be in good health , practice hygienic food-handling techniques, have good personal grooming, and	A37		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A37	Continued From page 13 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: 7.8.2.37 B. Based on Observation and Interview the facility failed to have available snacks listed on the daily or weekly meal menus for between meals and for in the evening. The findings are: A. During tour of the facility on 3/19/07 at 3:15 PM, observation of the daily and weekly meal menu revealed no available snacks listed on the menus. B. In an interview with the Executive Director on 3/19/07 at 3:15 PM, the Executive Director acknowledged snacks are not posted on the daily or weekly menus.	A37	The facility will post a snack menu on weekly basis. Director will post a snack menu + have cook participate in making snack menu a nutrions one. Director will moniter menus + snack menus to assure they meet Regulation Requirements	3/23/07
A38	7 NMAC 8.2.38 FOOD MANAGEMENT	A38		

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A38	Continued From page 14 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 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	A38		

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A38	Continued From page 15 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: 7.8.2.38 H. Based on observation and interview the facility failed to keep a food waste container covered during non-use. The findings are: A Tour of the facility on 3/19/07 at 3:32 PM, revealed a food waste container during non-use with discarded food and no lid on or near the container. B. In an Interview with Staff S15 on 3/19/07 at 3:33 PM, Staff S15 stated, "This one has never had a lid. Its never been covered."	A38	the facility will have 3/20/07 Lids on the waste containers @ all times. Will train staff on the importance of keeping waste containers closed w/ lids. Director will moniter waste containers to assure the lids are on and they meet Regulatory Requirements.	
A49	7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM 7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM: A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility must know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances must be	A49		

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A49	Continued From page 16 U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords are prohibited. EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00] K	A49	The facility will Label the Circuit Breakers to indicate in the area ~~of the facility~~ to where they provide service. will Do monthy checks to make sure that the Breakers are Labeled correctly. will monitor Circuit Breakers to assure they meet Regulation Requirements	3/30/07
—	This REQUIREMENT is not met as evidenced by: 7.8.2.49 A. Based on observation and interview the facility failed to have circuit breakers labeled to indicate the area of the facility to which each circuit breaker provides service. The findings are: A. Tour of the facility on 3/21/07 at 2:45 PM, circuit breakers were observed to be labeled, but without information to indicate the area of the facility they provide service. B. In an interview with the Executive Director on 3/21/07 at 2:45 PM, the Executive Director acknowledged circuit breaker labels do not have information to indicate the area of the facility they provide service.			
—	7.8.2.49 C. (2) Based on observation and interview the facility failed to prohibit the use of extension cords. The findings are:		The facility will Prohibit the use of	

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A49	Continued From page 17 A. Tour of the facility on 3/21/07 at 10:25 AM, two extension cords were observed in the facility library. One extension cord protruded out from under a wall baseboard. The other cord had male connects at both ends with one end plugged into the female end of the extension cord protruding from the baseboard and the other end plugged into a wall receptacle. B. In an interview with the Executive Director on 3/21/07 at 10:25 AM, the Executive Director acknowledged the two extension cords in the facility library.	A49	extention cords. The facility will have maintenance remove extension cord from facility Library. ~~little~~ The facility will inform staff members and Residents that extention cords are ~~port~~ Prohibited. Director will moniter facility to assure that extention cords are not being used & facility Meets Regulation Requirements	3/21/07
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.	A63		

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A63	Continued From page 18 D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.63 D. (2) Based on interview and record review the facility failed to use the fire alarm system or detector system in the conduct of fire drills. A. In an interview with the the Executive Director on 3/19/07 at 4:25 PM, the Executive Director acknowledged the fire alarm system or detector system is not used in the conduct of fire drills. B. Record review on 3/21/07 revealed records of monthly fire drills with a handwritten "no silent" entry in the space beside "Fire alarm heard."	A63	The Director will use Fire alarm System or Detector. when Conducting a Fire Drill. 4/1/07 Will check the Fire alarm to make sure it works propierly prior to every Fire Drill. ~~will~~ pro The Director will Perform Fire Drills by using Fire alarm and assure that Drills are ~~Fo~~ conducted by Following all Regulatuai Regirements.	

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A66	Continued From page 19	A66		
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 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: 7.8.2.66 RELATED REGULATIONS AND CODES: 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section	A66		

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A66	Continued From page 20 29-17-5 NMSA 1978 (Amended) of the act, a care provider ' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider] to impose appropriate administrative sanctions and penalties. 7.1.9.8 Based on record review and interview the facility failed to comply with the requirements of the New Mexico Caregiver Criminal History Screening Act for the Executive Director. The findings are: A. Record review on 3/21/07 revealed no Caregiver Criminal History Screening Clearance letter for the Executive Director of the facility with a hire date of 7/7/05. There was no records on file that the required documents and fees had ever been sent to the New Mexico Department of Health for the Executive Director. B. In the exit interview the Executive Director at 8:30 AM on 3/22/07, the Executive Director acknowledged there is no Caregiver Criminal History Screening Clearance letter for herself and no records on file that the required documents and fees had ever been sent to the New Mexico Department of Health. 7.8.2.66 RELATED REGULATIONS AND CODES: 7.1.12.8 A. Provider requirement of inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.	A66		

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A66	Continued From page 21 7.1.12.8 A. Based on record review and interview the facility failed to inquire with the Employee Abuse Registry before Date of Hire for 2 of 5 Staff (S11 & S13). The findings are: A. Record review on 3/21/07 revealed no documentation of inquiry with the Employee Abuse Registry for Staff S11 with a hire date of 12/8/06 and inquiry for Staff S13 with a hire date of 1/1/06 was made on 9/4/06. B. At the exit interview with the Executive Director on 3/22/07 at 8:30 AM, the Executive Director acknowledged there is no documentation of inquiry with the Employee Abuse Registry for Staff S11 and inquiry for Staff S13 was made on 9/4/06, 9 months after Staff S13 was hired.	A66	We facility will complete Employee Abuse Registry Before Date of Hire. Will complete the Employee Abuse Registry for Staff S11. 3/22/07 Will make sure all new Employees Have a Employee Abuse Registry Completed prior to Date of Hire. Director will moniter Employee Files to assure they meet Regulation Requirements.	