Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5883	A. BUILDING _____ B. WING _____	C 06/27/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTS THAT CARE ASSISTED LIVING, LLC	9977 BUCKEYE STREET NW ALBUQUERQUE, NM 87114

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A 01	OPENING REMARKS The following deficiencies were cited during a complaint investigation conducted on 6/27/07 Complaint intake NM 25622 was investigated.	A 01		
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	A16		

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A16	Continued From page 1 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 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: Refer to 7.8.2.16 A (4) Also refer to Title 7 Chapter 1 Part 9 Caregivers Criminal History Screening Requirements 7.1.9.8 F. Timely Submission Based on record review and interview, the facility failed to ensure that all fees, pertinent application information, and documentation of 8 of 12 caregivers (#1,2,3,4,5,6,7,8) fingerprints were submitted no later than twenty (20) calendar days from the first day of employment. The findings are: A. On 6/27/07 at 11:30 a.m during review of caregiver/employee personnel files, the following was noted: 1. Caregiver #1 was hired on 5/30/07. No documentation of fingerprints submitted within twenty (20) calender days, or a Caregivers Criminal History Screening Letter was located in the personnel file 2. Caregiver #2 was hired on 4/17/07. No documentation of fingerprints submitted within twenty (20) calender days, or a Caregivers	A16	#1 Fingerprint NOT done July 12/07 resigned 7/12/7 #2 Fingerprint done July 12/07	

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A16	Continued From page 2 Criminal History Screening Letter was located in the personnel file 3. Caregiver #3 was hired on 6/5/07. No documentation of fingerprints submitted within twenty (20) calender days of hire was located in the personnel file. 4. Caregiver #4 was hired on 6/2/07. No documentation of fingerprints submitted within twenty (20) calender days of hire was located in the personnel file. 5. Caregiver #5 was hired on 1/27/07. No documentation of fingerprints submitted within twenty (20) calender days of hire, or a Caregivers Criminal History Screening Letter was located in the personnel file. 6. Caregiver #6 was hired on 6/5/07. No documentation of fingerprints submitted within twenty (20) calender days of hire was located in the personnel file. 7. Caregiver #7 was hired on 5/9/07. No documentation of fingerprints submitted within twenty (20) calender days of hire, or a Caregivers Criminal History Screening Letter was located in the personnel file. 8. Caregiver #8 was hired on 3/7/07. No documentation of fingerprints submitted within twenty (20) calender days of hire, or a Caregivers Criminal History Screening Letter was located in the personnel file. B. On 6/27/07 at 12:30 a.m. during interview, the owner of the facility stated that "back in January we were waiting to get a few employees hired before submitting everything." The owners also stated that they were unaware of the new requirements of submitting all paperwork and fees for getting fingerprints completed.	A16	Fingerprints Done Fingerprint done Fingerprint done Fingerprint done Fingerprint done Fingerprint done We will always make sure we do fingerprinting within the 20 days. will get a receipt & put in employee file.	7/12/7 7/12/7 7/12/7 7/12/7 7/12/7 7/12/7
A17	7 NMAC 8.2.17 PERSONNEL	A17		

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A17	Continued From page 3 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 ensure that 7 of 12 (#1,2,3,4,6,7)caregiver employee files contained current training records, and no annual trainings specifically on abuse, neglect, and exploitation. The findings are: A. On 6/27/07 at 11:40 a.m. during review of the caregiver employee personnel files, the following	A17	we added this to our Monthy meeting + Eplogee packet 7/4/7	

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A17	Continued From page 4 was noted: 1. Careigvers (#'s1,2,3,4,6,7,and 8) employee files did not contain any documentation of training records specifically on abuse, negelct, and exploitation. B. On 6/27/07 at 1:00 p.m. during interview, Caregiver #7 stated "I've never had a abuse, negelct training since I've been here."	A17	We added this to our Monthly Meeting + New hire packet. also We went over this with Caregiver 2, 3, 4, 6, 7 + 8 on July 4th,	7/4/7 7/04/7
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 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	A22		

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A22	Continued From page 5 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. (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,	A22		

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A22	Continued From page 6 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 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,	A22		

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A22	Continued From page 7 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: Based on record review and interview the facility failed to maintain specific resident information required within 5 days of admission for 2 of 7 residents (R# 2, and 4). The findings are: A. On 6/27/07 (no time indicated) during record review, resident (#2) was admitted on 3/21/07. There was no documentation of a history and physical and the Individual Service Plan (ISP) did not have a licensed nurse signature to indicate that a licensed nurse had reviewed the Individual Service Plan. B. On 6/27/07 (no time indicated) during record review, resident (#4) was admitted on 3/1/07. The medical record did not have a completed Individual Service Plan with a licensed nurse signature to indicate that it had been reviewed by a licensed nurse. C. On 6/27/07 at 4:15 PM during interview, owner (#1) of the facility stated that the signature on the Individual Service Plan was just an oversight. With regard to the history and physical the owner stated that "it is just impossible to get the doctors to get us documentation on these residents."	A22	→ we have requested it from PCP. 7/27/7 → Done - Was an overlooked signed by nurse practioner 7/2/7 done - " 7/2/7 - Done 7/2/7	
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.	A27		

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A27	Continued From page 8 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: Based on record review and interview the facility failed to develop and implement a Individual Service Plan (ISP) within 14 days of admission for 2 of 7 residents (R #'s 2, and 4). The findings are: A. On 6/27/07 (no time indicated), during record review, resident (#2) was admitted on 3/21/07. The Individual Service Plan did not have a licensed nurse signature to indicate that a licensed nurse had reviewed the residents Individual Service Plan.	A27	— completed	7/2/7
	B. On 6/27/07 (no time indicated), during record review, resident (#4) was admitted on 3/1/07. The Individual Service Plan did not contain a		— completed	7/2/7

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A27	Continued From page 9 signature of a Licensed Nurse to indicate that it had been reviewed by a licensed nurse. C. On 6/27/07 at 4:15 PM during interview, owner stated that "the signature on the Individual Service Plan was just an oversight."	A27	— Completed - will be more careful	7/2/7
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 10 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 11 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 12 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, record review, and interview the facility failed to allow residents to freely make their own decisions regarding where one would like to sit or walk. The failure affected 2 of 7 sampled residents (R #2, and #4). The findings are: A. On 6/27/07 at 10:00 a.m. during initial tour of the facility, a memo (dated 6/14/07) that was posted on a kitchen wall for staff/residents to view stated that resident #2 "must sit on the couch" The Memo further read that "effective June 14, 2007, [resident #2] cannot sit in the recliners, [name of resident #2] must sit on the couch. It is a risk for employees...It is mandatory that you stay on top of this until [resident #2] learns that she cannot sit in the recliners due to possible injury to employees and herself." 1. Further review of this memo also stated that [residents #2,5] must sit on the couch facing	A34	– the letter stated for Safety of resident + Employees - resident #2 never complained + is very content. We have 8 recliners the couch is a little higher + stable.	

ORIGINAL

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	5883	A. BUILDING _____ B. WING _____	C 06/27/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTS THAT CARE ASSISTED LIVING, LLC	9977 BUCKEYE STREET NW ALBUQUERQUE, NM 87114

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A34	Continued From page 13 the TV. Resident #5 must sit on the side by resident #7, and resident #2 must sit on the other side by resident #6. B. On 6/26/07 at 12:30 p.m. during interview, Caregiver (#1) stated that the reason the facility had put resident #2 on the couch instead of allowing her to sit in a recliner was "because some of the caregivers were having a hard time getting her out of the recliner. She [resident #2] can scoot herself to the end of the chair, but then it would rock back and forth. It was hard for them to manage her, so now we have her sitting on the couch. It is a safety reason for the caregivers." 1. Resident #2 was not able to be interviewed at this time regarding the seating arrangements that had been made. But observation of resident #2 did reveal that she was assisted to the couch sitting on the left side facing the TV. C. On 6/27/07 at 12:10 p.m. during interview, resident (#4) stated that she is allowed to walk in the back yard and has asked to walk up front but stated that "owner #1 has said that it is against the rules to go and walk in the front. D. On 6/27/07 at 4:15 p.m. during interview, owner (#1) stated that "the residents can walk in the back and a lot of the families take the residents for walks up front." Thr owner further stated that if residents want to walk up front they can request it but no one has requested to walk in the front.	A34	The letter was so all Employees are on the same page. resident #7 #6 has always set in those chairs & they like them. #5 always set in that place. #2 wanted to, did not complain when we explain to her that it was for her safety & Employees We dont force residents - we ask & tell them what we feel is best & they have never Got upset, #4 goes any where she wants - she has only ask one time to go for a walk & we took her. we have 2 Employees at all time w/ 8 residents, We have ask her to please get one of us if she wants to go outside the Courtyard for her Safety - Has not been a problem.	
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.	A36		

We ask the residents if they are OK Where they are sitting they said they were OK.

ORIGINAL

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A36	Continued From page 14 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 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.	A36		

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A36	Continued From page 15 (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: (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	A36		

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A36	Continued From page 16 by: Based on observation, record review, and interview the facility failed to safely and properly maintain controlled substances in an area that is unaccessible to residents. The failure had the potential to affect 7 of 7 sampled residents (R #1-7). The facility also failed to maintain accurate dosages of medication in supply to match Medication Administration Record (MAR) affecting 4 of 7 residents (Residents #1, 2, 5,6,). Further, the facility also failed to maintain medication that were out dated potential affecting 7 of 7 residents (Residents#1-7). The Findings are: A. On 6/27/07 at 10:00 am during initial tour of the facility, a medication closet located in the kitchen area of the facility was unlocked and surveyors were able to open it without difficulty. Additional observations made again at 11:30 am, 12:10 pm, and 3:15 pm of the medication closet revealed that it was unlocked with controlled substances in it and easily accessible. B. On 6/27/07 at 10:15 a.m. during interview, caregiver (#1) stated, "most of the time it's not locked, sometimes it's locked and sometimes it's not." C. On 6/27/07 at 4:10 pm during interview, the owner stated that the medication closet has a key for it to be locked but did not think that there was a concern that someone would get in. D. On 6/27/07 at 3:15 pm during observation, when surveyors were comparing the medications in medication closet to the residents Medication Administration Record (MAR), the following was revealed: 1. Resident (#1) had Lexapro 10mg tab	A36	Cabinet will always be locked unless it is being used & is in view of Employee. 7/27/7 7/27/7 We have never had a problem like before we have 2 Employees there at all times - One is always watching the residents, the other - assist to RR, showers etc. But - we will lock & put up Key always	7/27/7

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A36	Continued From page 17 indicating to take 1 tap PO (by mouth) QD (every day) in medication closet but when compared to the MAR, the MAR listed Lexapro as 20mg 1 tab PO QD. 2. Resident (#2) had Aricept 10mg tab bubble pack in medication closet, but MAR indicated Aricept 5mg tab take 1 at bedtime. 3. Resident (#5) had Temazepam 15mg capsule in a bubble pack with 6 remaining. This medication was not indicated on MAR. 4. Resident (#6) had Atrovent Inhaler 12.9 Gm PRN (as needed) in medication closet but it was not indicated on the MAR. E. On 6/27/07 at 4:15 pm during interview, owner(#1) stated that "it just was not adjusted on the MAR and was just an oversight, we just need to change the MAR." F. On 6/27/07 at 10:15 am during observation of medications in medication closet revealed a multivitamin for Resident (#2) with a expiration date of 5/3/07. Also during observation in same medication closet revealed Clyoxide Antiseptic Oral Cleanser for Resident (#1) with the expiration date of 2/05. F. On 6/27/07 at 4:15PM during interview owner #1 stated that "it was just an oversight".	A36	Corrected corrected Discontinued Done Destroyed - multi Vit - the dat is 2/5/07 Was date opened	7/30/7 7/30/7 7/30/7 7/30/7 7/28/7 OK
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	A38		

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A38	Continued From page 18 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 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,	A38		

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A38	Continued From page 19 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that food stored in the facilities freezer was dated, and labeled. The facility also failed to enure that unused leftover food was discarded after three days. The findings are: A. On 6/27/07 at 10:45 a.m. during tour of the facility, observation of a freezer located in the facilities garage had the following items that were either expired, not dated, or labeled: 1 container of Posole mild with the expiration date of 12/16/06 1 frozen bag of meat in a clear plastic bag with no date or label 1 opened clear bag of frozen hashbrowns with no date or label 1 1/2 loaf of bread in a opened bag with no date or label 1 opened bag of frozen patties with no date 1 bag of dinner rolls. The expiration date on the bag read: use by 06 1 frozen bag of chopped meat with the date of 3/9/07 on it 1 frozen back of ribs with the date of 2/5/07 on it 1 frozen back of fish with the date of 3/9/07 1 frozen bag of stew meat with the date of 3/9/07 1 frozen bag of sausage with the date of 3/9/07 1 opened frozen bag of cinnamon rolls with no date on it B. On 6/27/07 at 4:00 p.m. during interview, the	A38	— thrown out — thrown out — Bag Say Sell by 11/08 Collected heels of bread for Bread pudding + Dressings - always frozen — thrown out — Date bought + frozen — Date bought + frozen — Date bought + frozen — Date bought + frozen — Date bought + frozen — thrown out	7/28 7/28 OK OK 7/28 OK OK OK OK OK 7/28

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A38	Continued From page 20 owner acknowledged that she had some expired food in the freezer and stated that she was going to be throwing it out.	A38		
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: Refer to 7.1.13.10 Incident Management System Requirements F. Posting of Incident Management Information Poster Based on observation and interview, the facility failed to have two (2) or more Incident management Bureau posters posted in a public location which states all Incident Management reporting procedures, to include contact numbers, addressed for reporting abuse, neglect, and exploitation. The findings are: A. On 6/27/07 (no time indicated) during the duration of a complaint investigation, no Incident Management Bureau posters were observed	A66	2 printed + framed + posted	7/16/7

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A66	Continued From page 21 visibly posted in the facility. 1. During interview with the owners of the facility, they both indicated that they were unaware of needing to have the posters and stated they did not know they needed to have them.	A66	— Completed	7/16/7