| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NM2139 | A. BUILDING _____ B. WING _____ | 01/07/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LITTLE ROSE'S BOARD AND CARE HOME | 4917 REGINA CIRCLE NW ALBUQUERQUE, NM 87105 |

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| A17 | 7 NMAC 8.2.17 PERSONNEL<br><br>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:<br>A. Qualifications for all professional and non-professional disciplines.<br>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.<br>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.<br>D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions.<br>[4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00]<br><br>This Requirement is not met as evidenced by:<br>Refer to 7.8.2.17 - Personnel<br><br>Based on record review and interview, the facility failed to have required staff training for 100% of sampled staff. The findings are:<br><br>A. On 1/7/09 at 11:00 AM, record review revealed no documentation of Fire Safety, First Aid, Confidentiality of Records and Resident information, Infection Control, Resident Rights, 2009 (HIPPA), Incident Management training for | A17<br><br>ED reviewed 01-28-09<br><br>A17 | Yearly orientation will be given to all staff on Fire Safety, First Aid, Safe food Handling practices, Confidentiality of Records and Residents information, Infection Control, Residents Rights, Reporting Requirements for Abuse, Neglect and exploitation, Transportation Safety for Assisting Residents Documentation on Such ~~Training~~ Training will be done. | 2/07/09 |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Esther Elizondo TITLE: Director (X6) DATE: 1.27.09

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| A17 | Continued From Page 1<br><br>staff members for the current calendar year.<br><br>B. On 1/7/09 at 11:00 AM, during an interview with the Owner, she acknowledged that the employees were not yet trained but would address the issue. | A17 | | |
| A45 | 7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING<br><br>7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING:<br>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.<br>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.<br>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.<br>D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms.<br>E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. | A45 | | |

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| A45 | Continued From Page 2<br><br>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.<br>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.<br>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.<br>[ 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]<br><br>This Requirement is not met as evidenced by:<br>Refer to 7.8.2.45(A) - Fuel-Fire Heating System Inspection<br><br>Based on record review and interview, the facility failed to have documentation of annual fuel fire heating system inspection. The findings are:<br><br>A. On 1/7/09 at 10:05 AM during review of the administrative files, no documentation of a fuel fire heating system inspection was found.<br><br>B. On 1/7/09 at 10:05 AM during interview with the Owner, she stated that she did not have any paperwork on annual fuel fire heating inspection but would correct the problem. | A45 | Heating System will be inspected on Monday Jan 26, 2009 3:PM by 3J's Plumbing | 1-27-09 |
| A66 | 7 NMAC 8.2.66 RELATED REGULATIONS AND CODES<br><br>7.8.2.66 RELATED REGULATIONS AND | A66 | | |

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| A66 | Continued From Page 3 | A66 | | |

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 NMAC 7.1.13.9(B)(2) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Reporting Requirements using Division Incident Report Form

Based on record review and interview, the facility failed to ensure that the most current incident reporting form was available for use by staff of the facility. The findings are:

A. On 1/7/09 at 11:00 AM during review of the administrative files, it was noted that the required 2009 form for documentation for abuse, neglect and exploitation, and reporting requirements was not among facility paperwork.

B. On 1/7/09 at 11:00 AM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue.

Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident

I (Esther Elizondo) retrieved information from State website and I have reviewed it with all staff As soon as the new traing Class is open to register I will do so immediatly. 1/31/09

After I myself takes the Class I will re educate my staff with what I learned and I will documed all Treinings. new class is in 3/09

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| A66 | Continued From Page 4<br><br>Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents.<br><br>Based on record review and interview, the facility failed to ensure training on the 2009 Incident Management System for 100% staff with the required curriculum which was conducted by an attendee of the 2009 Statewide Incident Management Training.<br><br>The findings are:<br><br>A. On 1/7/09 at 11:00 AM during review of the employee files it was noted that the required 2009 curriculum or training documentation for 2009 Incident Management and reporting requirements for NMAC 7.1.13 was not among administrative paperwork.<br><br>B. On 1/7/09 at 11:00 AM during an interview with the Owner, she stated that she had not attended the 2009 Statewide Training on Incident Management.<br><br>Refer to NMAC 7.1.13.10(C)(2-3) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train new employees within 30 days of hire and current employees within 90 days of the effective date of this ruling. | A66 | A66 I have retrieved information from website Reviewed it. I will go to trainings as soon as the state begins the Class.<br><br>At This time I am posting proper Reporting documentation for all Staff or others To fallow. | 1/31/09 |

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| A66 | Continued From Page 5 | A66 | | |

Based on record review and interview, the facility failed to ensure required training within the time frames set in accordance to regulations set forth in the Incident Reporting, Intake, Processing and Training Requirements (NMAC 7.1.13, effective February 28, 2006) for 100% of staff. The findings are:
The findings are:

A. On 1/7/09 at 11:00 AM during review of the employee files it was noted the following required training documentation was missing:

- NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with dates of training for 2009.

B. On 1/7/09 at 11:00 AM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue.

Refer to NMAC 7.1.13.10(D) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees

Based on record review and interview, the facility failed to ensure required documentation of training on incident reporting for 2009 per NMAC 7.1.13 requirements for 100% of staff. The

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| A66 | Continued From Page 6 | A66 | | |

findings are:

A. On 1/7/09 at 11:00 AM at 10:30 AM during review of the employee files it was noted the following required training documentation was missing:

- NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with training dates for 2009.

B. On 1/7/09 at 11:00 AM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue.

Refer to NMAC 7.1.13.10(E) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet

Based on record review and interview, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 100% of sampled resident files. The findings are:

A. On 1/7/09 at 11:00 AM during review of resident files, it was noted that 100% of the files reviewed had documentation of notification to family members/guardians regarding incident reporting.

B. On 1/7/09 at 11:00 AM during an interview with the Owner, she acknowledged the matter

A proper Intake Orientation Packet will be developed and include incident reporting information

Plus Sign or Poster will be available for all Consumers or Guardians

2.7.09

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| A66 | Continued From Page 7<br>and stated that she would address the issue. | A66 | | |

Refer to NMAC 7.1.13.10(F) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Posting of Incident Management Information Poster

Based on observation and interview, the facility failed to ensure that the division Incident Management Information poster was posted as required. The findings are:

A. On 1/7/09 at 11:00 AM and throughout the course of the survey, it was noted that the 2009 Incident Management Information Poster was not seen posted anywhere in the facility.

B. On 1/7/09 at 11:00 AM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue.

Poster will be up as soon as a can obtain one 2/7/09