STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2119	A. BUILDING _____ B. WING _____	01/03/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUENA VISTA SENIOR CARE, LLC	8505 RANCHO SANTA FE PLACE NE ALBUQUERQUE, NM 87113

(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
A17	7 NMAC 8.2.17 PERSONNEL 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: Refer to 7.8.2.17(C) - Required Staff Training Based on record review and interview, the facility failed to ensure training for 100% of facility employees. The findings are: A. On 1/3/08 at 11:30 AM during review of the facility records, it was noted that there was no	A17	The following Response and Plan of Correction in no way Constitutes admission that Buena vista Senior care believes were deficient practices, but will respond appropriately to the deficiences listed. 7.8.2.17C Staff training 1. All Facility staff will be trained and supporting documentation will be available in the employee file indicating that training has occured in the following required areas. Fire Safety First Aid Safe Food handling practices Confidentiality of resident records and information Infection control (including universal precautions and linen handling) Residents Rights Providing quality resident care based on current resident need. Reporting requirements for abuse, neglect and exploitation. 2. All current employees will be trained on January 11, 2008 for Fire Safety, infection control and Safe Food handling. All current Employees will be trained January 16, 2008 on IMT (incident Management training) Resident rights and confidentiality of resident records. All New hires will be trained in all of the above requirements within two weeks of hire and annually thereafter. If appropriate staff will also be trained on transportation Safety for assiting residents and operating vehicles EB Scanned 01-14-08	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 1/9/2008

JAN 10 2008

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A17	Continued From page 1 evidence of current training in any of the required areas. B. On 1/3/08 at 11:30 AM during interview with the administrator, he stated that training in these areas would occur.	A17	to transport residents. 3. The facility manager will check each employee file Monthly to monitor progress. 4. All staff inservice training including first aid Will be in Compliance with this requirement by January 31, 2008. 7.8.2.41 Building construction 14(A)(3) Evacuation capability in the event of Fire 1. FSES (Fire safety Equivalency System) Forms have been obtained and are available for completion. 2. All current (3) resident records now contain a completed FSES ~~form~~ including ~~in each resident~~ 3. ~~The facility manager will~~ complete next six Months and then as needed based on the residents condition. All new residents Will be factored into the ~~evaluation~~ upon admission and Periodically there after, the total evaquation score will be completed after each monthly rating. All FSES completed forms with the facility total Evacuation Score will be kept + filed + labeled FSES. 4. This deficiency practice is now in compliance.	
A41	7 NMAC 8.2.41 BUILDING CONSTRUCTION 7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions,or alterations to existing buildings are contemplated, plans, code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility.	A41	7.8.2.63 Staff and resident Fire and Safety training. (A,B) staff Fire and Safety training: 1. All Employees Will be trained on staff and	

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A41	Continued From page 2 (3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents. (4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability. (5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided: (a) The facility was in compliance with codes and standards at the time of initial licensure. (b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff. (c) The facility maintains prompt evacuation capabilities. B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses. C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with Uniform Building Code and NFPA 101 (Life	A41	resident & fire safety January 11, 2008. All Staff will know the location of and be instructed in the Proper use of fire extinguishers And other procedures to be observed in case of fire or other Emergencies and be aware of Potential fire safety hazzards. The Local Fire prevention authority will be requested to give Periodic instructions in the use of fire Preventions & Evacuations Techniques. 2. All New hires will recieve Staff fire and Safety training within three weeks of hire and all employees will be trained Anually thereafter. 3. The facility manager will Check Employee files Monthly for required Training and involve local fire Prevention authority in the Annual training 4. This Deficient Practice Will be in Compliance by Jan 31, 2008	

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A41	Continued From page 3 Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner. (1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation. (2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system. (3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system. D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following: (1) Main entry into the facility must provide wheelchair access. (2) Building must allow access to main living area and dining area. (3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. (4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch diameter clear space (turning radius for a	A41	8.2.106 Related Regulations and codes 7.1.9.8 Caregiver criminal history screening effective January 1, 06 ~~Photo copy gave~~ 1. CCHSP caregivers criminal history screening program documentation is now on file For Employee #3 hired on 4/24/07 photo copy has been retained. CCHS statewide clearance documentation will be in Employee File when recieved. 2. All current employee files have been reviewed for State wides CCHSP Compliance including Photo copy of CCHC completed within 20 calendar days From Date of hire + Kept in file. All new hires will be supervised until clearance letter is recieved from CCHC. 3) facility manager will Review all employee files monthly for compliance.	

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A41	Continued From page 4 wheelchair). (5) If ramps are provided to the building, a minimum slope of twelve (12)inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails. (6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering. E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC - 7.8.2.14(A)(3) - Evacuation Capability in the event of fire Based on record review and interview, the facility failed to ensure that fire safety evacuation ratings (FSES) for residents and resultant evacuation score for the facility was done for 14 of 14 facility residents. The findings are: A. On 1/3/08 at 11:15 AM during review of the facility records, it was noted that no FSES were on file for facility residents. As a result, the total facility evacuation score was also unavailable. B. On 1/3/08 at 3:11 PM during interview with the administrator, he stated that he would procure the form and complete them for all residents.	A41	4. this dificient practice is now in the ~~Employee file~~ Compliance. 7.1.12.8 Employee Abuse Registry effective January 1,2006. 1. STAFF #4 (hired 12/25/07) data base, using identifying information is now included in the employee file 2. All current EMployee files have been reviewed and Ear (Employee abuse Registry) information is included EAr database will be checked on all new potential hires 2 days before date of hire. ~~4. This deficient practice is now in compliance.~~ 3. THE facility MANAGER will CHECK EAR database using the individuals identifying information ON All future Applicants 2 days prior to possible date of hire. 4. This deficient practice is now in Compliance.	

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A63	Continued From page 5	A63		
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. 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	A63		

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A63	Continued From page 6 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: Refer to 7.8.2.63 (A-B) - Staff Fire and Safety Training Based on record review and interview, the facility failed to ensure training for 100% of facility employees. The findings are: A. On 1/3/08 at 11:30 AM during review of the facility records, it was noted that there was no evidence of current training on fire safety. B. On 1/3/08 at 11:30 AM during interview with the administrator, he stated that training would occur.	A63		
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).	A66		

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A66	Continued From page 7 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 employee files reviewed (Staff #3). The findings are: A. On 1/3/08 at 11:30 AM during review of employee records, it was noted that Staff #3, with a hire date of 4/24/07 did not have on file documentation of CCHSP statewide update screening addressed to the facility and conducted subsequent to hire within the required timeframes nor documentation of a full Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframes. B. On 1/3/08 at 11:30 AM during interview with the owner, he acknowledged the problem. Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care	A66		

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A66	Continued From page 8 Provider requirement to inquire of registry prior to offer of employment to applicants. Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked prior to offer of employment for 1 of 4 facility staff (Staff #4). The findings are: A. On 1/3/08 at 11:30 AM during review of the employee files, it was noted that staff with respective hire dates of 12/25/07 did not have on file documentation of search on the EAR database using the individual's identifying information until 1/2/08. B. On 1/3/08 at 11:30 AM during interview with the owner, he acknowledged the problem. Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident 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. Based on record review and interview, the facility failed to ensure training on abuse, neglect and misappropriation of property with the required curriculum for 100% of sampled staff (Staff #1-#4). The findings are:	A66	7.1.13.10(C)(1)(a-f) Incident reporting intake processing and training Requirement to effective February 28, 2006) 1. All Staff #1 - #4) will be trained on incident Management January 16, 2008 and annually (IMT) thereafter and Documentation will be in Employee File. 2. All New hires will recieve IMT within 30 days of hire, annually thereafter and Documented in Employee file. 3. The facility manager will review the employee Files monthly for compliance. 4. this Defient practice will be in compliance by January 31, 2008. 7.1.13.10(c)2-3 Requirements to train within 30 days of hire 1. All Staff #1-#4 will be trained on Incident management IMT January 16, 2008 and annually Documentation will be in Employee file. 2. All New hires will recieve IMT within 30 days of hire, annually thereafter 3. the facility Manager will review Employee files monthly for compliance 4. this deficent Practice will be in compliance January 31, 2008	

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A66	Continued From page 9 A. On 1/3/08 at 11:30 AM during review of the employee files it was noted that the required training curriculum documentation for abuse, neglect and exploitation, and reporting requirements procedures was not among the administrative paperwork provided to the survey team. B. On 1/3/08 at 11:30 AM, during interview with the administrator he stated that he would train in all the required areas. 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. Based on record review and interview, the facility failed to ensure required training was conducted within the time frames set in accordance with regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 100% of sampled staff (Staff #1- #4). The findings are: A. On 1/3/08 at 11:30 AM during review of the employee files, it was noted the following required training documentation was not among administrative paperwork: -abuse, neglect and exploitation, reporting requirements certificate of attendance	A66	7.1.13.10(D) Requirement to maintain documentation in IMT 1. All staff (1-#4) will be trained on incident (IMT) Management January 16, 2008 and annually thereafter ~~The facility Manager did review the Employee files monthly For Attendance record and Compliance by January 31, 2008. 4. This deficient practice will be in compliance by January 31, 2008.~~ 2. All New hires will receive IMT within 30 days of hire & Annually Thereafter And documented in the employee file, 3. The facility Manager will Review the Employee files monthly for Attendance record and Compliance. 4. This deficient practice will be in compliance by January 31, 2008	

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A66	Continued From page 10 B. On 1/3/08 at 11:30 AM, during interview with the administrator he stated that he would train in all the required areas and document on the facility training log. 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 abuse, neglect and misappropriation of property for 100% of sampled staff (Staff #1-#4). The findings are: A. On 1/3/08 at 11:30 AM during review of the employee files, it was noted the following required training documentation was not among administrative paperwork: -abuse, neglect and exploitation, reporting requirements certificate of attendance B. On 1/3/08 at 11:30 AM, during interview with the administrator he stated that he would train in all the required areas and document on the facility training log.	A66		