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	2217	A. BUILDING: _____ B. WING _____	C 09/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDAS AT GRACE VILLAGE, LLC - UNIT A	2802 CORTE DIOS LAS CRUCES, NM 88011

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A 000	Initial Comments The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 09/30/22 for the state requirements of NMAC 7.8.2 , Regulations for Assisted Living Facilities for Adults. Complaint Intake NM #48685 was unsubstantiated with no deficiencies cited.	A 000		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors;	A 017		

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A 017	Continued From page 1 (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 A B C (1 - 12) Based on record review and interview, the facility failed to ensure that the (DCS) Direct Care Staff training files included complete documentation of the DCS receiving and completing 16 hours supervised training prior to providing unsupervised resident care and of completing the required 12 hours of orientation training, with proof of competency. This deficient practice could likely result in the 9 (R #s 1-9) residents listed on the resident census, provided by the Administrator on 09/29/22, to be at risk of harm if they are receiving care and services by DCS who have not received the required trainings. The findings are: A. Record review of DCS #1's employee file (hire date 10/21/19), revealed no documentation of the following training requirements with proof of competency:	A 017		

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A 017	Continued From page 2 1. Sixteen (16) hours of supervised training prior to providing unsupervised care for residents. 2. Completion of an acceptable Medication Assistance training course. 3. Twelve (12) hours of training at orientation, with proof of competency. B. On 09/27/22 at 09:27 am, during an interview with the Administrator, she confirmed that DCS #1's employee files did not contain documentation of the DCS completing the required training that included: 1. Sixteen (16) hours of supervised training prior to providing unsupervised care for residents. 2. An acceptable medication assistance training course. 3. Twelve (12) hours of training at orientation with proof of competency.	A 017		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:	A 025		

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A 025	Continued From page 3 (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	A 025		

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A 025	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.25 B Based on record review and interview the facility failed to ensure for 2 (R #s 2 and 4) of 4 (R #s 1-4) residents whose Evaluations were reviewed for compliance that they were reviewed and if needed updated at a minimum of every 6 months. This deficient practice could likely result in residents not receiving appropriate care/services upon admission, if the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are: A. Record review of R #2's resident file (Admission Date [redacted]19), revealed an initial Evaluation dated 07/15/19 and a subsequent Evaluation dated 11/06/19 and then no documentation of any Evaluations being reviewed and updated at a minimum of every 6 months after 11/06/19. B. Record review of R #4's resident file (Admission Date [redacted]/21), revealed an initial Evaluation dated 11/11/21 and no documentation of any Evaluations being reviewed and updated at a minimum of every 6 months after 11/11/21. C. On 09/28/22 at 3:37 pm, during an interview with the Administrator, she confirmed that the resident evaluations for R #s 2 and 4 had not been updated at a minimum of every 6 months.	A 025		

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A 026	Continued From page 5	A 026		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to 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) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including	A 026		

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A 026	Continued From page 6 those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (3) Based on record review and interview the facility failed to ensure for 2 (R #s 2 and 4) of 4 (R #'s 1 - 4) residents whose records were reviewed for compliance that their Individual Service Plans (ISPs) were: 1. Developed and implemented within (10) calendar days of admission. 2. Reviewed and/or revised at a minimum of every six (6) months. These deficient practices could likely negatively affect the health, safety, and welfare of residents, if their ISP's were not being created, reviewed, and revised as required to ensure the DCS are providing the correct care and services to the residents. The findings are: A. Record review of R #2's ISP dated 04/14/22, revealed no documented evidence that: 1. An initial ISP was developed and implemented within (10) calendar days of admission on [redacted]19. 2. R #2's ISP were reviewed and updated at a minimum of every 6 months between the dates of 07/16/19 and 04/14/22. B. Record review of R #4's resident file (Admission Date [redacted]/21), revealed no documented evidence that:	A 026		

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A 026	Continued From page 7 1. An ISP was developed and implemented within (10) calendar days of admission. 2. Any subsequent. ISPs were competed a minimum of every (6) months. C. On 09/30/22 at 9:30 am, during an interview with the Administrator, she confirmed for R #'s 2 and 4 the ISP findings listed above.	A 026		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A B (3-5)	A 065		

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A 065	Continued From page 8 Based on record review and interview, the facility failed to ensure that fire drills were conducted monthly on each 8 hour shift (day, evening, night) per quarter, included the all required information, and was available at the facility for review: 1. The number of residents participating in the fire drill was documented. 2. Problems experienced during the fire drill were documented. This deficient practice could likely result in the 9 (R #s 1-9) residents identified on the census, provided by the Administrator on 09/28/22, to be at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record review of the facility's Fire Drill Records revealed that fire drills dated 08/25/22 at 10:20 am and 4:10 pm did not include documentation for the following required information: 1. The number of residents participating in the fire drill. 2. Any documented problems experienced during the fire drill. B. On 09/28/22 at 5:18 pm during an interview with the Administrator, she confirmed: 1. That the provided facility Fire Drill record dated 08/25/22 at 10:20 am, was actually a make up fire drill that they missed in July, 2022. 2. The fire drill records provided did not include the number of residents participating because the facility does not include residents in the fire drills. 3. That there was no documentation of any problems that may have occurred on the Fire Drill Log after each fire drill.	A 065		

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A 066	Continued From page 9	A 066		
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed 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 shall 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 admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night. (2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced. (3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s)	A 066		

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A 066	Continued From page 10 noted during the drill and the evacuation time in total minutes. (5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.66 A B C D (3-4) Based on record review, and interview the facility failed to ensure that the: 1. Direct Care Staff (DCS) were trained on the procedures to detect and eliminate potential safety hazards, properly use fire extinguishers, evacuation techniques and the other procedures in case of fire or other emergencies. 2. Residents were informed of the location of the facility fire exits, fire extinguishers, and instructed in the actions to take in case of a fire or other emergency. 3. Monthly fire drills were conducted in the facility that place emphasis on orderly evacuation of the facility. These deficient practices could likely result in all 9 (R #s 1-9) residents listed on the census, provided by the Administrator on 09/28/22, to be at risk of harm, injury, or death if a fire or other emergency that required evacuation were to occur, if the: 1. DCS do not know the procedures to follow in order to eliminate safety hazards, how to use a fire extinguishers, or how to orderly evacuate residents from the facility. 2. Residents have not received evacuation training, and do not know how to safely evacuate	A 066		

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A 066	Continued From page 11 the facility. 3. DCS are not aware of resident issues that occur during the evacuation or the time it takes for the staff to safely evacuate the residents from the facility. The findings are: A. Record review for DCS #1's training records, revealed no documentation that the DCS completed Fire Safety training that included: 1. The procedures to detect and eliminate potential safety hazards. 2. Proper use a fire extinguishers. 3. Evacuation techniques. B. Record review of R #1's resident records, revealed no documentation that the resident/families fire safety orientation that included: 1. The location and use of fire extinguishers, 2. Location of fire exits, 3. Instruction on the actions to take in case of a fire or other emergency. C. Record review of R #2's resident records, revealed no documentation that the resident/families fire safety orientation that included: 1. The location and use of fire extinguishers, 2. Location of fire exits, 3. Instruction on the actions to take in case of a fire or other emergency. D. Record review of R #3's resident records, revealed no documentation that the resident/families fire safety orientation that included: 1. The location and use of fire extinguishers, 2. Location of fire exits,	A 066		

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A 066	Continued From page 12 3. Instruction on the actions to take in case of a fire or other emergency. E. Record review of the facility's Monthly Inspections report dated 08/22/22 revealed that the facility: 1. Conducted and documented a Monthly fire drill on 08/25/22. at 4:10 pm. 2. The 08/25/22 Fire Drill notes for Building A revealed that the facility did not: a. Place emphasis on orderly evacuation (of residents) from the facility. b. Have residents participate in the evacuation of the facility during fire drills. F. On 09/28/22 at 5:18 pm, during an interview with the Administrator, she confirmed that there was no documentation available for review for the following: 1. Fire Safety training records for DCS #s 1 including: a. Completing fire drill training. b. Completing training that included the procedures to detect and eliminate potential safety hazards, c. Being trained on the proper use fire extinguishers. d. Being trained on evacuation techniques. 2. Documentation of R #s 1-3, receiving orientation training that included: a. How to evacuate to the nearest emergency exit. b. The location and use of fire extinguishers. c. The location of telephones that can be used in an emergency. d. Being instructed in the actions to be taken in case of fire or other emergencies. e. Evacuation time in minutes for residents evacuating to the emergency exits during fire drills.	A 066		

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A 066	Continued From page 13 G. On 09/28/22 at 5:18 pm, during an interview with the Administrator, she confirmed that the facility did not: 1. Include residents in the monthly Fire Drills. 2. Document any problems related to residents evacuating the facility. 3. Document the total time in minutes for residents to evacuate the facility because residents are not participating in the fire drills.	A 066		