Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2161	A. BUILDING: _____ B. WING _____	C 04/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE OF ALBUQUERQUE #1	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(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
A 000	Initial Comments The following deficiencies were cited during a complaint investigation survey that was completed on 04/17/14 for the New Mexico Requirements for Assisted Living Facilities for Adults, 7 NMAC 8.2. Complaint # NM29383 was substantiated.	A 000	I have enclosed the plan of correction for the above referenced facility in response to the statement of deficiencies. While this document is being submitted as confirmation of the facility's ongoing effort to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the statement of deficiencies. In this document we have outline specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors	4/21/14
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident.	A 032	On 4/17/2014 the Executive Director reviewed 7.1.13 NMAC with all nurse Mangers and the Regional Nurse. The reporting requirements were reviewed to ensure that all requirements will be met in the future. Additionally all care associates were in-serviced regarding the reporting of incidents to the Executive Director and the nurse management team to ensure all reportable incidents are documented and logged in accordance with 7.1.13 NMAC.	

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Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Faris — TITLE: Executive Director — (X6) DATE: 6/6/14

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A 032	Continued From page 1 [7.8.2.32 NMAC - Rp, 7.8.2.33 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: The following refers to paragraph 7.8.2.32 A. Based on record review and interview, the facility failed to comply with state of New Mexico Department of Health incident reporting requirements by not reporting unwitnessed falls for 5 (#1,2,3,4,6) of 7 (#1,2,3,4,5,6,7) sampled residents. This deficient practice increases the likelihood that residents would be subject to abuse or neglect by caregivers who would not be identified, disciplined, or placed on the employee abuse registry to preclude them from performing similar acts in the future. The findings are: A. On 04/15/14 at 2:15 pm during telephonic interview, an investigator for APS (Adult Protective Services) reviewed her APS investigation report that involved an unwitnessed fall suffered by a facility resident (#1). During her review, she stated, "No incident report to the state was written." B. On 04/16/14 at 2:15 pm during interview, the facility Executive Director, while verbally reviewing the results of the facility's investigation of the same incident that was investigated by APS, verified that no incident report had been submitted to DOH (Department of Health). C. On 04/16/14 at 2:30 pm during interview, the Executive Director reviewed a second incident involving another fall suffered by a second facility resident (#2). She stated that this incident was	A 032	At the daily "Stand-Up" Meeting all incidents from the previous day will be reviewed. A determination will be made at that time if the incident is reportable. If it is a reportable incident it will be reported that day. The Health and Wellness Director (HWD) is responsible for all incident reporting. In her absence the Health and Wellness Coordinator (HWC) will assume responsibility. A full investigation will be conducted and submitted to the State within 5 business days on the approved incident. RECEIVED JUN 09 2014 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	4/21/14

Patricia Soria Executive Director 6/6/14

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A 032	Continued From page 2 also not reported to DOH. D. Review of a sample of 5 additional residents who had fallen revealed that 3 residents (#3, 4, and 6) had suffered falls which were reportable to the state DOH because they were injuries of unknown origin. None of those falls had been reported. E. On 04/17/14 at 1:30 pm, during interview, the Nurse Care Manager verified that injuries of unknown origin were not being reported to the Department of Health.	A 032		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced	A 070	I have enclosed the plan of correction for the above referenced facility in response to the statement of deficiencies. While this document is being submitted as confirmation of the facility's ongoing effort to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the statement of deficiencies. In this document we have outline specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors	4/30/14

Patricia Davis Executive Director 6/6/14

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A 070	Continued From page 3 by: 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 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. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the	A 070	On April 2, 2014 the 15 identified caregivers were finger printed. The fingerprint cards, fees and application in formation were submitted to The State. The employment process has been updated to ensure that the requirements of 7.1.9.8 are met. The Business Office Coordinator is responsible for ensuring that all requirements are met. In their absence the Executive Director will ensure compliance. Upon Employment all associates will be fingerprinted and the required fees and application will be submitted to The State within 20 days of employment. All application information and results will be maintained in the caregiver's permanent personnel folder.	4/30/14

Patricia Davis Executive Director 6/6/14

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A 070	Continued From page 4 act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver ' s clearance, pending reconsideration, or disqualification. 7.1.8.11 CONSIDERATIONS FOR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES: Before intermediate sanctions or civil monetary penalties are imposed, they will be reviewed and approved by the director of the public health division or his/her designee. The following factors shall be considered by supervisory personnel of the licensing authority when determining whether to impose one or more intermediate sanctions or civil monetary penalties: A. death or serious injury to a patient, resident or client; B. abuse, neglect or exploitation of a patient, resident or client; 7.1.8.13 CIVIL MONETARY PENALTIES; INITIAL BASE PENALTY: The department shall impose civil monetary penalties in accordance with these regulations on licensed facilities, not to exceed five thousand dollars ($5,000) per day. B. Civil monetary penalty; initial base penalty amount: The licensing authority has the discretion to impose an initial base penalty at any amount within the range for each deficiency level. (1) Class A deficiency: not less than $500 and not greater than $5,000. (2) Class B deficiency: not less than $300 and not greater than $3,000.	A 070		

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A 070	Continued From page 5 Based on document review and interview, the facility failed to conduct caregivers criminal history screening for 15 caregivers employed at the facility for over 20 days. This deficient practice increases the possibility that persons who are prohibited from working with residents because they have committed prior excludable acts will be reemployed in prohibited positions. There is a potential for increased harm to all 70 residents. This information was provided by the Business Office Coordinator on 06/02/14 at 2:30 pm. The findings are: A. On 04/17/14 at 3:45 pm, the facility Executive Director produced an updated list of all 58 facility caregivers. On the list, the names of 22 were color-coded to signify that they had not received CCHSP clearances. Based on the color-code key, 15 of the 22 caregivers (#1, 8, 11, 13, 19, 28, 32, 37, 38, 40, 43, 44, 46, 57, 58) had been working at the facility for over 20 days. B. On 04/17/14 at 3:45 pm, during interview, the Executive Director verified that 15 of the 22 caregivers(#1, 8, 11, 13, 19, 28, 32, 38, 40, 43, 44, 46, 57, 58) had been employed at the facility for over 20 days. She stated that she was waiting for a check from the corporate office that would cover costs associated with the caregiver's criminal history screening.	A 070		