

Division of Health Improvement

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5810 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/17/2007 |
| NAME OF PROVIDER OR SUPPLIER SIERRA VISTA RETIREMENT COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 402 EAST RODEO ROAD SANTA FE, NM 87505 | | |
| (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 | |
| A16 | <p>7 NMAC 8.2.16 STAFF QUALIFICATIONS</p> <p>7.8.2.16 STAFF QUALIFICATIONS: A facility must employ staff that meet the following qualifications:</p> <p>A. ADMINISTRATOR/DIRECTOR/OPERATOR:</p> <p>(1) Be at least twenty-one (21) years of age.</p> <p>(2) Demonstrate basic respect for the dignity of residents.</p> <p>(3) Be financially solvent and have a good credit history (credit reports must be provided to verify this requirement).</p> <p>(4) Be of good moral character. Applicants must comply with the requirements of the New Mexico Caregivers Criminal History Screening Act.</p> <p>(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.</p> <p>(6) Have a high school diploma or its equivalent.</p> <p>(7) Be of sound mind, and not currently dependent upon alcohol or illegal drugs.</p> <p>(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 vitae.</p> <p>B. DIRECT CARE STAFF</p> <p>(1) Be of at least eighteen (18) years of age.</p> <p>(2) Have adequate education, training, or experience to provide for the needs of the</p> | A16 | <p>The following response and plan of correction in no way constitutes admission that Sierra Vista believes we're deficient practices, but will respond appropriately.</p> <p>Staff will receive training w/ supporting documentation on these neglect: Exploitation (fms) first Aid, Safe food handling trng by 6/15/07</p> <p>All new hires will receive staff training within 30 days of hire on fire safety, 1st aid, safe food, confidentiality of records, & resident info. infection control, res. rights. Reporting requirements, & abuse neglect Exploitation transportation Safety, operating vehicles to transport providing quality of care based on need & responsibilities according to facility protocol. All staff will receive this trng annually</p> <p>Exec. Dir. will add to current employee orientation check list in each personnel record which will include trng needed. New employees will receive required trng w/in 30 days of employment and annually thereafter. The check list will be checked and a notation made when each emp. has rec'd the required trng. A narrative of each inservice trng will be signed & dated by staff person receiving the trng.</p> <p>This deficient practice will be in compliance by 6/30/07</p> | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

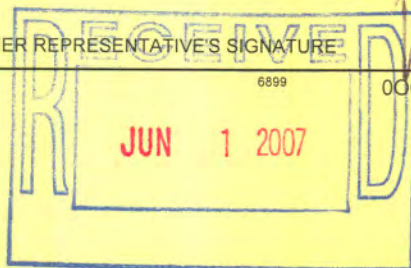
STATE FORM

6899

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TITLE

(X6) DATE



Executive Director 6/1/07

If continuation sheet 1 of 11

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| A16 | Continued From page 1 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(B)(2) - Training of Direct Care Staff Based on record review and interview, the facility failed to ensure 100% of direct care staff files reviewed (#5) had on-going, annual training to include: Abuse, Neglect and Exploitation (Incident Management), First Aid Training and Safe Food Handling. The findings are: A. On 5/16/07 at 4:30PM, review of employee personnel files revealed the following: Staff #5's file did not have documentation of Abuse, Neglect and Exploitation Training (Incident Management), First Aid Training and Safe Food Handling Training. B. On 5/16/07 at 4:45PM during the exit interview with the executive director, she stated that training would be given. | A16 | | | |
| A19 | 7 NMAC 8.2.19 ADMISSIONS 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director | A19 | <p><i>See previous page ↑</i></p> <p><i>① The progress notes on the resident, record of Res #1 2/13/07 w/SM: daughter and again on 2/20/07 10:30am states that a team meeting was held w/ daughter, exec dir, facility SSD, 2 facility nurses, hospice nurse, hospice SW, and hospice chaplain were in attendance. Approval was made for Res to remain at the facility.</i></p> | | |

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| A19 | Continued From page 2 of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: <ol style="list-style-type: none"> (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. <p>B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following:</p> <ol style="list-style-type: none"> (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent | A19 | <p>② All future residents, who are noted to be behind the scope of services normally provided by the facility will meet as a team to determine if res. is placed appropriately starting at the team meeting will sign care plan</p> <p>③ Nurse or Case Dir will correlate and update plan of care based in residents current condition.</p> <p>④ This deficient practice i.e. signatures will be in place by 10/30/07 of team meeting which took place 6/30/07</p> | | |

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| A19 | <p>Continued From page 3</p> <p>physical threat or danger to self or others.</p> <p>(9) Individuals whose physician certifies that placement is no longer appropriate.</p> <p>C. ADMISSION/RETENTION</p> <p>EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must:</p> <p>(1) Convene a team, comprised of:</p> <ul style="list-style-type: none"> (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. <p>(2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must:</p> <ul style="list-style-type: none"> (a) Be based upon a individual service plan which identifies the resident's specific needs and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSSES). (c) Be based upon an assessment of the health, safety and well-being of the other | A19 | | | |

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| A19 | <p>Continued From page 4</p> <p>facility residents.</p> <p>(d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents.</p> <p>(3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.19(C)(1) - Admission/Retention Exceptions</p> <p>Based on record review and interview, the facility failed to convene a team meeting for 1 of 23 residents who require care beyond that which is offered by the facility (Resident #1). The findings are:</p> <p>A. On 5/16/07 during review of the resident records, there was no documentation that a comprehensive team meeting was held for Resident #1 who receives Hospice services.</p> <p>B. On 5/16/07 at 4:45PM during the exit interview with the executive director, she acknowledged the problem.</p> <p>Refer to 7.8.2.19(C)(1)(e) - Ombudsman</p> <p>Based on record review and interview, the facility failed ensure that the New Mexico State</p> | A19 | <p>① The ombudsman will be notified concerning the team meeting held on 2/13 and 2/20/07 for resident #1. The ombudsman will review sign & date the resident current service plan.</p> | | |

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| A19 | <p>Continued From page 5</p> <p>Ombudsman was part of a team meeting to determine appropriateness of placement for an admission/retention exception, requiring nursing services for 1 of 23 residents (Resident #1). The findings are:</p> <p>A. On 5/16/07 at 8:00AM during review of the resident records, there was no documentation that the New Mexico State Ombudsman was part of an interdisciplinary team meeting held Resident #1 residing in the facility and who is currently receiving the services of a nursing agency.</p> <p>B. On 5/16/07 at 4:45PM during the exit interview with the executive director, she stated that she would correct the problem.</p> <p>Refer to 7.8.2.19(C)(3) - Notification of Admission/Retention Exception to Licensing Authority</p> <p>Based on record review and interview, the facility failed to submit care plans to the licensing authority for admission/retention exceptions, requiring nursing services for 1 of 23 residents (Resident #1). The findings are:</p> <p>A. On 5/16/07 at 8:30AM during review of the resident records, there was no documentation that the licensing authority had been notified of an admission retention/exception meeting for Resident #1.</p> <p>B. On 5/16/07 at 4:45PM during the exit interview with the executive director, she stated that she would correct the problem.</p> | A19 | <p>① The ombudsman will be contacted on all future Hospice resident team meetings and will be involved in the final decision to retain the resident. Signature and date of ombudsman will be required - will note if ombudsman is not able to attend.</p> <p>② Nurse or Exec Dir will contact Ombudsman prior to meeting and obtain appropriate signatures and dates on care plan.</p> <p>③ This deficient practice will be in compliance by 6/30/07</p> <p>④ The current Service plan for Hospice Resident #1 will be submitted to the licensing authority for Admission/Retention by 6/30/07 after Ombudsman signature is obtained.</p> <p>⑤ All future hospice residents will have an interdisciplinary meeting when placed in hospice, ombudsman will be contacted for their participation all will sign & date plans care. The service plan will be sent Licensing Authority.</p> <p>⑥ Exec. Dir will convene w/ hospice & facility staff when a res. is placed in hospice and submit care plan to lic. authority.</p> <p>⑦ Deficient practice will be in compliance by 6/30/07</p> | 6/30/07 | |

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| A66 | <p>7 NMAC 8.2.66 RELATED REGULATIONS AND CODES</p> <p>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:</p> <p>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96).</p> <p>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96).</p> <p>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]</p> <p>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.</p> <p>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 for 1 of 1 (Staff #2) hired to function as a licensed nurse for the facility. The findings are:</p> <p>A. On 5/16/07 at 4:LPM during record review, New Mexico Caregivers' Criminal History Screening Program (CCHS) clearance from another facility was seen for Staff #2.</p> <p>B. On 5/16/07 at 4:45PM during interview with</p> | A66 | <p>① The CCHS Screening for Staff #2 was not completed - Staff #2 tendered her resignation prior to survey.</p> <p>② All new licensed hires will have their CCHS Screening application completion within 20 calendar days of employment.</p> <p>Exec. Dir will no longer accept CCHS Screening results sent to or from another facility or accept a letter from an employee who has been cleared while working at another facility simultaneously.</p> <p>③ This deficient practice will be in compliance with 20 calendar days of hire</p> | | |

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| A66 | <p>Continued From page 7</p> <p>the executive director, she stated that she would correct the problem.</p> <p>Refer to NMAC 7.1.9.8(F) - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - Requirement of Timely Submission of application for clearance no later than 20 calendar days from the first day of employment</p> <p>Based on record review and interview, the facility failed to ensure timely submission to New Mexico Caregivers' Criminal History Screening (CCHS) Program for 1 of 1 direct care staff (Staff #2). The findings are:</p> <p>A. On 5/16/07 at 4:00PM during record review, there was no evidence of timely submission of the required information to the New Mexico Caregivers' Criminal History Screening (CCHS) Program within the 20 day required time frame for Staff #2.</p> <p>B. On 5/16/07 at 4:45PM during interview with the executive director, she stated that she would correct the problem.</p> | A66 | <p>① Application will be submitted to an approved agency for NMCHS for direct care staff - #2 error.</p> <p>② All future hires (direct care staff) will have their CCHS screening application for clearance submitted within 20 days from 1st day of employment.</p> <p>③ Exec. dir. will add to current check list in each employee file identifying that a CCHS screening application has been submitted within 20 days. The screening results will continue to be placed in employee file.</p> <p>④ This deficient practice will be in compliance within 20 calendar days of each new direct care staff hired.</p> | today by hke | |

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| A66 | <p>Continued From page 8</p> <p>Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry whether the individual under consideration for employment is listed on the registry.</p> <p>Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked for 4 of 4 staff whose files were reviewed (Staff #1, Staff #2, Staff #3, Staff #4). The findings are:</p> <p>A. On 5/16/07 at 4:00PM during review of the employee files, it was noted that direct care staff (Staff #1, Staff #2, Staff #3, Staff #4) did not have documentation of search on the registry using the individual's identifying information.</p> <p>B. On 5/16/07 at 4:45PM during interview with the executive director, she stated that she would correct the problem.</p> <p>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.</p> <p>Based on record review and interview, the facility</p> | A66 | <p>① Staff #1, #2, #3, #4's individual identifying information will be used to check the Employee Abuse Registry (EAR) database.</p> <p>② All potential direct care staff inquiries will be checked on the Employee Abuse Registry using the individual's identifying information prior to the date of employment. If hired, the EAR information will be checked on the employee check list and recorded on the inquiry to the registry kept in the employee file.</p> <p>③ The executive director or designee will review the EAR using the individual's identifying info prior to employment or at day of hire.</p> <p>④ This deficient practice will be in compliance at the time of each new hire.</p> | | |

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| A66 | <p>Continued From page 9</p> <p>failed to ensure a curriculum for training on abuse, neglect and misappropriation of property was in place as set forth in the incident reporting, intake, processing and training requirements for 100% of employee files reviewed (Employees #1, #2, #3, #4). The findings are:</p> <p>A. On 5/16/07 at 4:00PM during review of the employee files it was noted the following required training curriculum documentation was missing: curriculum based on abuse, neglect and exploitation, reporting requirements for 2007.</p> <p>B. On 5/16/07 at 4:45PM during interview with the executive director, she stated that she would correct the problem.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure required training was provided within the time frames in the incident reporting, intake, processing and training requirements for 100% of employee files reviewed (Employees #1, #2, #3, #4). The findings are:</p> <p>A. On 5/16/07 at 4:00PM during review of employee files, date authenticated training on abuse, neglect and exploitation, reporting</p> | A66 | <p>① Employee #1, #2, #3, #4 will receive their incident reporting, intake, processing and training requirements on 6/7/07 and by 6/30/07 by a qualified trainer. A curriculum for staff training will be amended from what is now in place by 6/30/07.</p> <p>② All new hires will receive this training as required in NMAC 7.1.13.10(C)(1)(a-f) within 30 days of being hired and annually thereafter. The signed statement of training will be placed in personnel file.</p> <p>③ This posters are hanging in prominent locations in the facility.</p> <p>④ Executive Director will add this requirement to the employee check list in the employee file and will review file 30 days of hire and annually for this training.</p> <p>⑤ This deficient practice will be in compliance within 30 days of a new employee hire date.</p> | |