

Assisted Living Facilities: Regulatory Update

Presenters:

Alana S. Curlee, Licensed Only Surveyor Supervisor

Maurella Sooh, District Operations Bureau Chief

Christopher Burmeister, Division Director

Division of Health Improvement

Licensed-Only Team

- Assisted Living Facilities (247)
 - Adult Day Care Centers (27)
 - Unlicensed Assisted Living Facilities (?)
 - Board and Care Homes (Estimate 100)
 - Crisis Treatment Centers (2)
-
- 6 LO Surveyors, 4 vacancies

LO Survey Team

- Alana Curlee, Supervisor 505-803-0569
- Annette Zabalza 505-681-6669
- Stephanie Dodson 505-318-6291
- Millie Karaara 505-280-6268
- Tammy Fleming 505-328-8771
- Erik Gomez 505-362-8122



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Covid Response

- 220 Onsite Infection Control Surveillance visits in March 2020
- Approximately 1200 Offsite Infection Control Surveillance Reviews, including record review and video verification
 - Additional outreach when positive cases identified
 - Positive cases/Testing tracking
 - Surveillance testing setup w/ Tricore

2020 Survey Data

- 892 triaged complaints (includes facility self-reports and constituent complaints)
- 131 assigned complaints from 71 ALFs
- 254 health surveys, includes revisits
- 267 Citations cited from 43 facilities

- Approx. 75 uninvestigated complaint assignment

Survey Prioritization

- 2 day complaint assignments
 - Infection Control/Covid complaints
 - Initials
 - 10 day complaint assignments
 - 45 day complaint assignments
 - Full onsite (prioritize facilities that have not been surveyed within 3 years).
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- Continue to approve POCs and conduct revisits and initial surveys

Top 10 Citations

1. A020: Admission/Discharge Agreements:

- Refund upon death policy.
- “If” an appropriated placement has been found.
- 15-day notice and the correct circumstances.

2. A032: Reporting of Incidents:

- Not reporting incidents of possible abuse, neglect, exploitation, unusual occurrences, medication errors within 24 hours or the next business day if a holiday or weekend.
- Not conducting internal investigations or submitting a follow-up report within 5 business days from

3. A033: Resident's Rights:

- Resident abuse, neglect, exploitation
- Safe environment/Infection Control
- Use of Restraints

4. A022: Facility Reports, Records, Rules, Policy's and Procedures:

- Documents not readily available onsite or when requested.
- Facility only and community wide emergency evacuation plans.

5. A035: Medications:

- Non-qualified staff assisting with the self-administration of medications
- Non-qualified staff administering medications.
- MARs, Physician Orders, Medications do not match.
- Incorrect/incomplete documentation

6. A034: Custodial Drug Permits: (tied with A017)

- Oxygen storage/oxygen in use signs
- Labeling and separation of medications.
- Reconciliation of medications

7. A017: Staff Training (tied with A034)

- 16 hours of Supervised training, before providing unsupervised care
- Orientation and Annual .
- Documentation of trainings

8. A016: Staff Qualifications:

- EAR/CCHSP clearances

9. A026: Individual Service Plans:

- Not addressing the needs of the resident based on the evaluation.
- No outcomes and goals
- Not completed within 10 days of Admission
- No reviewed and updated at a minimum of every 6 months or when a change of condition occurs.

10. A025: Evaluations:

- Not addressing all the needs of the resident.
- Not completed prior to admission
- Not reviewed and/or updated at a minimum of every 6 months or when a change of condition occurs.

Suggestions for Improvement

- Update Policy and Procedures r/t Infection Control
- Availability of PPE/supplies
- Update contact info to Licensing Department
- Maintain records onsite
- Access available resources: weekly calls, etc
- Reporting Covid positive cases
- Reporting to Complaints Department

Reporting

- Reportable Incident means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may indicate evidence of abuse, neglect, or exploitation.
- Requires the reporting within 24 hours (or next business day if a weekend or holiday)
- All licensed health care facilities shall conduct a complete investigation and report the actions taken and conclusions reached by the facility within five (5) business days of the initial Incident Report.

How to Report

- The incident Report form may be emailed to DOH/DHI within the same time frame at the following email address:
incident.management@state.nm.us
- Fax the IR to DHI at 1-888-576-0012
- or completed online at:
http://dhi.state.nm.us/imb/imb_irform.php
- or submit the IR form online at
<http://dhi.health.state.nm.us>

Survey Expectations

Surveyors:

- Surveys are unannounced
- Surveyors are NOT consultants
- Conduct thorough investigations to determine facility compliance with regulations

Providers:

- Cooperation: being available (call surveyors back and respond to emails) and providing requested documents timely
- Take survey seriously. Prepare a surveyor binder
- Know the regulations -NMAC 7.8.2

Related Regulations:

Read and implement the requirements for the following referenced regulations:

- Employee Abuse Registry (EAR) NMAC 7.1.12.
- Criminal Caregiver History Screening Program (CCHSP) NMAC 7.1.9.
- Incident Reporting, Intake, Processing & Training Requirements for Facilities NMAC 7.1.13.
- Food Handling, Food Service, Food Processing NMAC 7.6.2
- Life Safety Code: NFPA Regulations (2012 Edition).

Plan of Correction

Must include:

- Address how all violations identified in the official statement of deficiencies will be corrected for resident/staff identified.
- Address how the facility will identify other residents/staff that have the potential to be affected by the same deficient practice.
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- Address how the facility will monitor the corrective action and ensure ongoing compliance; and by whom (position not name).
- Specify the date that the corrective action will be completed.
- Submit within 10 calendar days



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Informal Dispute Review (IDR)

Requests for IDR must be submitted in writing along with an explanation of the specific deficiencies that are being disputed. The request must be made within the same 10-day calendar period the facility has for submitting an acceptable plan of correction to the State Agency. Must still submit POC.

- Facilities can request during the IDR process that deficiencies cited be deleted.
- Facilities can request during the IDR process that scope and severity be lowered; only for deficiencies that constitute substandard quality of care or immediate jeopardy.

All supporting evidence must be submitted with the IDR request within the 10-day calendar period. The facility will be required to submit one (1) copy of all supporting documents that have been properly redacted (with coded identifiers replacing actual resident and facility identifiers) and one (1) copy of all supporting documents unredacted.

IDR Committee

- Review/Rotate IDR membership on an annual (State Fiscal Year- July 1st) basis
- If there is a conflict of interest, then committee member will excuse themselves from the IDR review.
- Requirement for attendance
- Inclusion on non-voting members at the discretion of DHI
- If interested in being a member of the IDR Committee, please email:
Maurella.sooH@state.nm.us

Onsite Surveyor Preparation

- All Surveyors will test NEGATIVE for COVID 19 prior to going onsite, and monthly thereafter
- All surveyors are required to don PPE when entering any facility, this is composed of:
 - Fitted N95 mask, gown/jumpsuit, face shield/goggles and gloves for all onsite visits regardless if there are any known cases of Covid 19.
- Must pass facility screening/temperature protocol
- Infection Control training to include donning/doffing PPE, standard and transmission-based precautions



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Contact Information

Alana Curlee-Surveyor Supervisor
505-803-0569
alana.curlee@state.nm.us

Jake Rodriguez-LSC Program Manager
505-476-9041
jake.rodriquez@state.nm.us

Maurella Sooh-Bureau Chief-DOB
505-476-9039
maurella.soo@state.nm.us

Frank While-LSC Team Supervisor
505-216-8319
frank.white@state.nm.us

Jessica Madlener, Health Services Manager
(Licensing)
505-476-9028
jessica.madlener@state.nm.us

Christopher Burmeister, Division Director
505-476-9074
Christopher.burmeis@state.nm.us

State Ombudsman
1-866-451-2901
www.nmaging.state.nm.us

Complaints Department
800-752-8649, fax 888-576-0012
Email: incident.management@state.nm.us
<https://nmhealth.orh/about/dhi/ane/rahf>







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Thank you!

