Regulatory Highlights

For Licensed Health Care Facilities

7.1.9 NMAC Caregivers Criminal History Screening Requirements

- Requires all applicants, caregivers (including hospital caregivers) to consent to a nationwide and statewide criminal history screening (via fingerprint card) no later than 20 calendar days from the first day of employment or contractual relationship.
- Requires conditional supervised employment pending written notice of completion – with either clearance of the caregiver or notice of a disqualifying conviction – of criminal background check.
- Individuals with disqualifying felony convictions are barred from employment or contractual services as a caregiver.

7.1.12 NMAC Employee Abuse Registry

- The DOH will establish and maintain an electronic registry of all persons, who while employed, were determined to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a licensed health care facility or a community based service provider or agency.
- Prior to employing or contracting with an individual the facility or agency must check to determine if the person is on the registry. Persons on the registry are ineligible for employment or contracting.
- Registry does not apply to a New Mexico licensed health care professional practicing within the scope of the professional’s license or a certified nurse aide practicing as a certified nurse aid.

7.1.13 NMAC Incident Reporting, Intake, Processing and Training Requirements

- 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 which has either caused harm or is likely to cause harm and any other incident which may evidence abuse, neglect, or exploitation.
Establishes standards for licensed health care facilities to institute and maintain and incident management system and employee training program for reporting abuse, neglect, and exploitation.

- Requires the reporting within 24 hours (or next business day if a weekend or holiday) of incidents or allegations of abuse, neglect, or exploitation to DHI/POB.
- Requires a quality improvement process related to the incident management system.
- Requires training of all employees on the incident management system within 30 days of employment, annual refresher training not to exceed 12 months’ intervals, a written training curriculum describing the facility or agency incident management system and specific requirements for the content of the training curriculum.
- Requires that the facility or agency provide an Orientation Packet containing the incident reporting process to the consumer and displaying posters in a prominent public location. The posters are provided by DHI, which state the DHI incident management reporting procedures. The posters may be obtained from our web site.

INTRODUCTION

- All staff must be trained in the Incident Management System to assure appropriate and timely response when incidents occur.
- The 2017 Incident Report (IR) form must be used to report and document incident alleging abuse, neglect, exploitation and other reportable incidents.
- The staff person with the most direct knowledge of the incident is the individual who reports the incident.
- The IR form must be faxed to DOH/DHI at 1-888-576-0012 or emailed to incident.management@state.nm.us within 24-hours of knowledge of the incident and the following business day in the event of a weekend or holiday. The reports should be typed so they are legible. If reports are not legible they will not be accepted.

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

or completed online at: http://dhi.state.nm.us/imb/imb_irform.php

- All licensed health care facilities must have a Quality Improvement System for reviewing alleged complaints and incidents, including written documentation of corrective action taken.
• All licensed health care facilities must establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement.
• Incident Management System Policy and Procedures must require all employees to be competently trained to respond to, report and document incidents in a timely and accurate manner.
• All licensed health care facilities must provide all employees and volunteers with a written training curriculum on incident management policies and procedures.
• All licensed health care facilities must document their employees’ training on incident management.
• All licensed health care facilities must provide an Orientation Packet describing their incident management process to residents, family members and Power of Attorneys.
• All licensed health care facilities must have at least 2 reporting posters, Providers operating with 60 or more beds must post 3 reporting posters in a conspicuous public location.

ALL AGENCIES AND FACILITIES ARE REQUIRED TO CONDUCT TIMELY AND EFFECTIVE INTERNAL INVESTIGATIONS AND TAKE REASONABLE STEPS TO PREVENT FURTHER INCIDENTS AS SOON AS AN INCIDENT OCCURS.

Components of an Effective Incident Management System

• Management commitment
• Policies and procedures
• Staff training and awareness
• Reporting of incidents
• Protection of the consumer’s health and safety
• Investigation
• Corrective and/or preventative action
• Analysis and identification of trends and patterns and a conclusion

Elements of an Effective Investigative Report

• Answer the 5 W’s and the H (who, what, where, when, why and how)
• Draw a clear conclusion of findings
• Identify what corrective or preventive action was taken
• Document in a written report/narrative style
The follow-up investigative reports are due to the department within (5) working days from the date of incident or knowledge of the incident. Make sure your investigations are documented either on your provider's letterhead or on the DOH complaint follow up narrative form. Please include all the information required above. This should include any systemic issues identified and your plan of action to prevent reoccurrence. If your report does not include the required elements this could result in a complaint survey due to concern for resident/patient safety.

**INCIDENT MANAGEMENT PRINCIPLES**

- Individuals should have a quality of life that is free of abuse, neglect, and exploitation.
- Staff must be competent and trained to respond to, report, and document incidents in a timely and accurate manner.
- Consumers and guardians must be made aware of and have access to accessible incident reporting processes.
- Any individual who, without false intent, reports an incident or makes an allegation of abuse, neglect or exploitation will be free of any form of retaliation.
- A facility's/provider’s incident management system must emphasize prevention and staff involvement to provide safe environments for the individuals they serve.
- Quality starts with those who work most closely with persons receiving services.

**How to Respond to Sexual Assault**

1. Ensure victim is safe, call law enforcement and/or the SANE Unit.

2. Obtain emergency medical attention, including testing for pregnancy and treatment for sexually transmitted diseases. Staff should never remove any object placed in any orifice unless it presents an immediate threat.

3. Have SANE exam completed, which will utilize an evidence kit.

4. Do not allow the consumer (victim) to bathe/shower or otherwise cleanup (i.e. brush teeth, urinate, alter physical self, engage in other activity that may contaminate or destroy valuable evidence such as semen, saliva, hairs, etc.)

5. Ensure that clothing worn during and immediately after the assault is collected and taken to the SANE Unit.
6. Evidence may still be present up to 72 hours after the event. If the patient has not bathed or changed clothes, the 72 hours may be extended. Physical trauma may be present after the 72 hour time frame.

Evidence collection can be a time consuming process. Be prepared for waits of 2-8 hours.
# New Mexico Sexual Assault Nurse Examiners (SANE) Units

## Alamogordo

<table>
<thead>
<tr>
<th>Southern NM Wellness Alliance</th>
<th><strong>Otero County</strong></th>
<th>Phone: 575.488.7233</th>
<th><a href="mailto:sane.alamogordo@gmail.com">sane.alamogordo@gmail.com</a> or <a href="mailto:sanealamo.clinical@gmail.com">sanealamo.clinical@gmail.com</a></th>
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<tbody>
<tr>
<td></td>
<td>PO Box 2626</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Alamogordo, NM</td>
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## Albuquerque

<table>
<thead>
<tr>
<th>ABQ SANE Collaborative</th>
<th><strong>Bernalillo County</strong></th>
<th>Phone: 505.883.8720</th>
<th>Emergency 1.884.7263</th>
<th><a href="mailto:teresa.danza@abqsane.org">teresa.danza@abqsane.org</a> or <a href="mailto:gail.starr@abqsane.org">gail.starr@abqsane.org</a></th>
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<tr>
<td></td>
<td>Mail: PO Box 37139</td>
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<td></td>
<td>Albuquerque NM</td>
<td>87176</td>
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<td>Physical: 625 Silver SW Suite 2206</td>
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<td></td>
<td>Albuquerque, NM</td>
<td>87102</td>
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<tr>
<th>Statewide SANE Coordinator</th>
<th><strong>All Counties</strong></th>
<th>Phone:505.883.8020</th>
<th>Fax:505.883.7530</th>
<th><a href="mailto:conniem@swcp.com">conniem@swcp.com</a></th>
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<tbody>
<tr>
<td></td>
<td>Physical: 3909 Juan Tabo Blvd. NE, Suite 6</td>
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<td>Albuquerque, NM</td>
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<tr>
<th>Para Los Niños Program</th>
<th><strong>Bernalillo County</strong></th>
<th>Phone:505.272.6849</th>
<th>SANE Dispatch 505.884.7263</th>
<th><a href="mailto:snienow@salud.unm.edu">snienow@salud.unm.edu</a></th>
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<tbody>
<tr>
<td></td>
<td>Physical: 625 Silver Ave SW</td>
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<td>Albuquerque, NM</td>
<td>87102</td>
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## Crownpoint

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<thead>
<tr>
<th>Crownpoint Healthcare Facility</th>
<th><strong>McKinley County</strong></th>
<th>Phone: 505.786.6295</th>
<th>SANE dispatch: 505.786.5291</th>
<th><a href="mailto:stacy.jervis@ihs.gov">stacy.jervis@ihs.gov</a></th>
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<tbody>
<tr>
<td></td>
<td>Mail: PO Box 358</td>
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<td></td>
<td>Crownpoint, NM</td>
<td>87313</td>
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<td>Physical: June Hwy 371 Rt 9</td>
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<td>Crownpoint, NM</td>
<td>87313</td>
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# New Mexico Sexual Assault Nurse Examiners (SANE) Units

## Farmington

| Sexual Assault Services of Northwest NM | San Juan County | Phone: 505.325.2805  
Fax: 505.326.2557  
SANE dispatch: 505.326.4700  
Emergency: 1.866.908.4700 | debram.hicks@ihs.gov  
eleanab@sasnwnm.org  
dixier@sasnwnm.org |
|---|---|---|
| **Physical**: 622 West Maple Suite H  
Farmington, NM 87401 | **San Juan County**  
**Physical**: 622 West Maple Suite H  
Farmington, NM 87401 | **Phone**: 505.325.2805  
**Fax**: 505.326.2557  
**SANE dispatch**: 505.326.4700  
**Emergency**: 1.866.908.4700 | **debram.hicks@ihs.gov**  
eleanab@sasnwnm.org  
dixier@sasnwnm.org |

## Gallup

| Gallup Indian Medical Center | McKinley County  
**Physical**: 516 E Nizhoni Blvd  
Gallup, NM 87301  
**Adults and Adolescents** | Phone: 505.722.1171  
SANE dispatch: 505.722.1165 | debram.hicks@ihs.gov |
|---|---|---|---|
| **Gallup Indian Medical Center**  
**Physical**: 516 E Nizhoni Blvd  
Gallup, NM 87301  
**Adults and Adolescents** | **McKinley County**  
**Physical**: 516 E Nizhoni Blvd  
Gallup, NM 87301  
**Adults and Adolescents** | **Phone**: 505.722.1171  
**SANE dispatch**: 505.722.1165 | **debram.hicks@ihs.gov** |

## Las Cruces

| Las Cruces La Piñon SANE Project | Doña Ana County  
**Mail**: La Piñon SANE Project  
525 S. Melendres  
Las Cruces, NM 88005  
**Physical**: Memorial Medical Center  
2450 South Telshor  
Las Cruces, NM 88011 | Office: 575.521.5549  
SANE dispatch: 1.888.595.7273  
La Piñon  
575.526.3437 | stacey@lapinon.org |
|---|---|---|---|
| **Las Cruces La Piñon SANE Project**  
**Doña Ana County**  
**Mail**: La Piñon SANE Project  
525 S. Melendres  
Las Cruces, NM 88005  
**Physical**: Memorial Medical Center  
2450 South Telshor  
Las Cruces, NM 88011 | **Doña Ana County**  
**Mail**: La Piñon SANE Project  
525 S. Melendres  
Las Cruces, NM 88005  
**Physical**: Memorial Medical Center  
2450 South Telshor  
Las Cruces, NM 88011 | **Office**: 575.521.5549  
**SANE dispatch**: 1.888.595.7273  
**La Piñon**: 575.526.3437 | **stacey@lapinon.org** |

## Portales

| Arise Sexual Assault Services | Roosevelt County  
**Mail**: Roosevelt General Hospital  
PO Drawer 868  
Portales, NM 88130 | Phone: 575.226.7263  
Fax: 575.226.4664  
SANE dispatch: 575.226.7263 | leigh@arisenm.org  
tawnya@arisenm.org  
gretchen@arisenm.org |
|---|---|---|---|
| **Arise Sexual Assault Services**  
**Roosevelt County**  
**Mail**: Roosevelt General Hospital  
PO Drawer 868  
Portales, NM 88130 | **Roosevelt County**  
**Mail**: Roosevelt General Hospital  
PO Drawer 868  
Portales, NM 88130 | **Phone**: 575.226.7263  
**Fax**: 575.226.4664  
**SANE dispatch**: 575.226.7263 | **leigh@arisenm.org**  
tawnya@arisenm.org  
gretchen@arisenm.org |
## New Mexico Sexual Assault Nurse Examiners (SANE) Units

### Roswell

<table>
<thead>
<tr>
<th>I Can Survive Roswell Refuge SANE Project</th>
<th>Chaves County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail: Roswell Refuge 1215 N. Garden Roswell, NM 88203</td>
<td><strong>Phone:</strong> 575.627.8361</td>
</tr>
<tr>
<td>Admin Intervention: 575.624.3222</td>
<td><strong><a href="mailto:babynurse_88201@hotmail.com">babynurse_88201@hotmail.com</a></strong></td>
</tr>
<tr>
<td>Fax: 575.627.5359</td>
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### Santa Fe

<table>
<thead>
<tr>
<th>Christus St. Vincent Regional Medical Center SANE Program</th>
<th>Santa Fe County</th>
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<tbody>
<tr>
<td>Mail: 455 St. Michael Drive Santa Fe, NM 87505 Physical: 6601 Valentine Way Santa Fe, NM 87507</td>
<td><strong>Phone:</strong> 505.989.5952 Fax: 505.982.4917</td>
</tr>
<tr>
<td><strong><a href="mailto:colleen.dearmin@stvin.org">colleen.dearmin@stvin.org</a></strong></td>
<td><strong>SANE dispatch:</strong> 505.989.5952</td>
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### Silver City

<table>
<thead>
<tr>
<th>Silver Regional Sexual Assault Support Services and SANE</th>
<th>Grant County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail: 301 W College Ave Suite 11 Physical: La Clinica 3201 N Ridge Loop Drive Silver City, NM 88061</td>
<td><strong>Phone:</strong> 575.313.6203 Fax: 575.388.1690</td>
</tr>
<tr>
<td><strong><a href="mailto:sassexecutivedirector@gmail.com">sassexecutivedirector@gmail.com</a></strong></td>
<td><strong>Emergency</strong> 866.750.6474</td>
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</tbody>
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### Taos

<table>
<thead>
<tr>
<th>Taos/Holy Cross Hospital SANE Program</th>
<th>Physical: 1329 Gusdorf Road Taos, NM 87571</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phone:</strong> 575-751-8990</td>
<td><strong>SANE dispatch:</strong> 575-758-8883</td>
</tr>
<tr>
<td></td>
<td><strong><a href="mailto:pattyhannigan@gmail.com">pattyhannigan@gmail.com</a></strong></td>
</tr>
</tbody>
</table>
Licensed Health Care Facilities
Reporting Requirements

DUTY TO REPORT

First and foremost, always ensure the safety of the person, including separating the victim from the alleged perpetrator, providing needed first aid, or obtaining medical care.

- Abuse, neglect, exploitation, injuries of unknown origin and other reportable incidents shall be reported to DHI/POB within 24 hours or the next business day if the incident occurs on a weekend or a holiday.
- All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the DHI/POB Incident Report (IR) form to allow the reporter to respond to, report and document incidents in a timely and accurate manner.
- The licensed health care facility shall report incidents utilizing the DHI incident report form only, consistent with requirements of the DHI/POB.

Licensed health care facilities that are self-reporting abuse, neglect, exploitation, injuries of unknown origin, or other reportable incidents must also send to DHI/POB a copy of the findings of their internal investigation and corrective actions taken by the facility within 5 business days of the incident.

DEFINITIONS – Licensed Health Care Facilities

1. **Abuse** means knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish; the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; sexual abuse, including criminal sexual contact, incest and criminal sexual penetration; or verbal abuse, including profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish.

2. **Bureau** means the Department of Health, Division of Health Improvement, Program Operations Bureau (POB) formerly the Health facility licensing and certification bureau.

3. **Consumer** means any person who engages the professional services of a medical or other health professional on an inpatient or outpatient basis, or person requesting services from a hospital.
4. **Exploitation** means an unjust or improper use of a person’s money or property for another person’s profit or advantage, financial or otherwise.

5. **Neglect** means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

6. **Injuries of Unknown Origin** mean injuries for which there is no known explanation for their cause or origin.

7. **ISP** means a consumer’s individual service plan.

8. **Mental Anguish** means a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment or embarrassment, although it may include all of these, and is objectively manifested by the recipient of care or services by significant behavioral or emotional changes or physical symptoms.

9. **Reportable incident** means possible abuse, neglect, exploitation, injuries of unknown origin and other events 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 which has caused harm or is likely to cause harm any other incident which may evidence abuse, neglect, or exploitation.

10. **Substantiated** means the verification of a complaint based upon a preponderance of reliable evidence obtained from an appropriate investigation of a complaint of abuse, neglect, or exploitation.

11. **Unsubstantiated** means that the complaint could not be verified based upon a preponderance of reliable evidence obtained from an appropriate investigation of a complaint of abuse, neglect, or exploitation.

12. “**Immediate Jeopardy**” means a provider’s noncompliance with one (1) or more requirements of Medicaid or Medicare participation, which causes or is likely to cause, serious injury, harm, impairment or death to a consumer.

**FOR ALL ALLEGATIONS OF ABUSE, NEGLECT, EXPLOITATION AND INJURIES OF UNKNOWN ORIGIN**

For allegations of abuse, neglect, exploitation and injuries or unknown origin

- Fax the IR to DHI at 1-888-576-0012
- Email to: incident.management@state.nm.us or submit the IR form online at [http://dhi.health.state.nm.us](http://dhi.health.state.nm.us)

**NOTE:** If submitting online you **must** answer all required (in red) questions on the IR form. If submitting via fax the reports must be typed so they are legible. If your facility does not have the capability of typing the incident report, it must be in
print, clear and easy to read or it will not be accepted. The IR form must be faxed or submitted electronically to DHI within 24 hours of knowledge of the incident. (Next business day in the event of a weekend or holiday).

If the incident involves a criminal act also contact your local Law Enforcement Agency.

For updates and more information, including reports and regulations please visit the following Division of Health Improvement web site: http://dhi.health.state.nm.us/

Any questions about reporting or if you are having any problems with the website and reporting please contact the Complaint Department secretary at (505) 476-9006.