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	4012	A. BUILDING: _____ B. WING _____	12/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING OF NORTH ALBUQ AC	7500 OAKLAND AVE NE ALBUQUERQUE, NM 87113

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A 000	Initial Comments The following deficiencies were cited as a result of an Initial survey completed on 12/08/16 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	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; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with	A 017		

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A 017	Continued From page 1 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 C (2) (6) Based on record review and interview the facility failed to ensure for 4 (DCS #'s 1-3 and Chef) of 4 (DCS #'s 1-3 and Chef) Direct Care Staff and the Chef's employee training files reviewed for compliance received the required: 1. 16-hours of supervised training. 2. 12-hours of orientation training. This deficient practice has the potential for all residents to be at risk of harm or injury if staff have not received training on the proper methods of providing care, and services. The findings are: A. Record review of the Chef's (hire date 08/31/16) training file revealed, no documentation of receiving orientation training for: 1. First aid. 2. Resident's rights. B. Record review of DCS #1's (hire date 8/31/16) training file revealed, no documentation of receiving training for: 1. 16-hours of supervised training. 2. Orientation training for first aid.	A 017		

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A 017	Continued From page 2 C. Record review of DCS #2's (hire date 10/14/16) training file revealed, no documentation of receiving training for: 1. 16-hours of supervised training. 2. Orientation training for first aid. D. Record review of DCS #3's (hire date 11/30/16) training file revealed, no documentation of receiving training for: 1. 16-hours of supervised training. 2. Orientation training for first aid. E. On 12/08/16 at 9:45 am, during an interview with the Administrator, she confirmed that the Chef did not receive first aid and resident's rights for orientation training, and DCS #s 1-3 did not receive first aid training and there is no documentation of 16-hours of supervised training. She also stated that all staff receive the 16-hours of training before they are placed on the floor, but she did not document it.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of	A 020		

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A 020	Continued From page 3 payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes	A 020		

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A 020	Continued From page 4 in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or	A 020		

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A 020	Continued From page 5 is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.	A 020		

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A 020	Continued From page 6 D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (12) C Based on record review and interview the facility failed to ensure for 4 (R #'s 1-4) of 4 (R #'s 1-4) residents that: 1. The Admission/Discharge Agreements are accurate and complete. 2. An Admission/Retention team meeting is convened prior to admitting/retaining residents on hospice and/or who require a higher level of care than the facility would normally provide to determine if the facility is an appropriate placement. These deficient practices have the potential for the residents to be at risk of: 1. Monies paid to the facility not being correctly refunded to the resident's estate after death. 2. Being transferred out of the facility without a place to go. 3. Needing a higher level of care and services	A 020		

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A 020	Continued From page 7 than staff can provide if a team meeting is not held prior to admitting or retaining a resident on hospice or requiring a higher level of care then facility would normally provide. The findings are: A. Record review of R #'s 1 admission agreement dated [redacted]/16 revealed that: 1. It does not states the refund provision in case of death. 2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident. B. Record review of R #'s 2 (hospice start date [redacted]/16) admission agreement dated [redacted]16 revealed that: 1. It does not states the refund provision in case of death. 2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident. C. Record review of R #'s 3 (hospice start date [redacted]/16) admissions agreement dated [redacted]/16 revealed that: 1. It does not states the refund provision in case of death. 2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident. 3. Admissions/Retention Exception team meeting was convened on [redacted]/16, after R #3's admittance to hospice services on [redacted]/16. D. Record review of R #'s 4 (hospice start date [redacted]/16) admissions agreement dated [redacted]/16 revealed that: 1. It does not states the refund provision in case of death. 2. It does not state that the agreement can	A 020		

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A 020	Continued From page 8 be terminated "if" appropriate placement has been found for the resident. 3. Admission/Retention Exception team meeting was convened on [redacted]/16, after R #4's admittance to hospice services on [redacted]/16. E. On 12/07/16 at 11:00 am, during an interview with the Administrator, she confirmed the following: 1. The termination agreement for termination incorrectly states for the section for death "The contract rate will be charged for the entire calendar month regardless of what portion of the month your unit is occupied." 2. The admission agreement for termination does not have the statement "If an appropriate placement has been found for the resident." 3. The team meeting was not convened prior to admittance to hospice for R #'s 3 and 4 who were receiving hospice services. She also stated that the hospice team meeting took place at the time of the care plan.	A 020		
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape,	A 031		

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A 031	Continued From page 9 antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.231 D Based on observation and interview, the facility failed to ensure that a list of emergency phone numbers (fire, police, ambulance, and poison control, etc) is near a public phone and accessible to residents/staff/visitors. If the emergency numbers are not posted in a conspicuous place, then all 11 residents (R #s 1-11) as identified on the resident census provided by the Administrator on 12/06/16, would be at risk of a delayed response from emergency services, if needed. The findings are: A. On 12/06/16 at 2:30 pm, during observation, there was no list of emergency phone numbers posted next to the facility's public phone. B. On 12/06/16 at 2:35 pm, during an interview with the Co-Owner, he confirmed that there is not	A 031		

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A 031	Continued From page 10 a list of emergency phone numbers posted next to the phone.	A 031		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's	A 033		

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A 033	Continued From page 11 age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility;	A 033		

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A 033	Continued From page 12 (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]	A 033		

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A 033	Continued From page 13 This REQUIREMENT is not met as evidenced by: 7.8.2.33 C Based on observation and interview, the facility failed to have the telephone numbers for the incident management hotline and for the state Ombudsman program posted in a conspicuous location in the facility. If the reporting numbers are not posted where residents, visitors, and staff can readily access them, then all 11 (R #'s 1-11) residents identified on the resident census list provided by the Administrator on 12/07/16, are at risk of not having their rights protected, or their complaints and concerns investigated. The findings are: A. On 12/06/16 at 1:30 pm, during observation, the contact numbers for the incident management hotline and the state Ombudsman program were not observed to be posted in a conspicuous public place. B. On 12/06/16 at 2:00 pm, during an interview with the Co-Owner, he confirmed that the incident management hotline and the state Ombudsman program phone numbers were not posted in the facility.	A 033		
A 063	7 NMAC 8.2.63 Fire Extinguishers FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two (2)	A 063		

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	4012	A. BUILDING: _____ B. WING _____	12/08/2016

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A 063	Continued From page 14 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.63 B Based on observation and interview the facility failed to ensure that 7 of 7 fire extinguishers had been inspected monthly to ensure proper working order in case of a fire. This deficient practice has the potential for all 11 (R #'s 1-11) residents on the census provided by the Administrator on 12/07/16, to be at risk of injury or death if there is a fire and the fire extinguishers do not work properly. The findings are: A. On 12/06/16 at 1:30, during a tour of the facility it was observed that all 7 fire extinguishers had not been inspected monthly by an authorized contractor or staff. B. On 12/06/16 at 2:00 pm, during an interview with the Co-Owner, he confirmed that the fire	A 063		

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A 063	Continued From page 15 extinguishers have not been inspected monthly by an authorized contractor or staff.	A 063		
A 068	7 NMAC 8.2.68 Hospice HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply. (1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC. (2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms. (3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health. (4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.	A 068		

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A 068	Continued From page 16 (5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services. (6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure. (7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live. (8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination. B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services: (1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and (2) offer an ongoing employee psychological support program for end of life care issues. C. Individual service plan (ISP) requirements. (1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care staff. (2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following: (a) the requirements set forth in the " Individual	A 068		

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A 068	Continued From page 17 Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC; (b) what services are to be provided; (c) who will provide the services; (d) how the services will be provided; (e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process; (f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and (g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them. (3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals: (a) a physician; (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws. D. Care coordination. (1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC. (2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, "	A 068		

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A 068	Continued From page 18 Subsection C of 7.8.2.20 NMAC. (3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation. (a) The facility shall provide individual records for each resident. (b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record. (4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions. (5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC. (6) The assisted living facility shall ensure the coordination of services with the hospice agency. (a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs. (b) The assisted living facility shall receive information and communication from the hospice staff at each visit. (i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.). (ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation. (c) The assisted living facility or the family/resident shall reserve the right to schedule	A 068		

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A 068	Continued From page 19 care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members. (d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator. (i) The process may be informal or formal depending on the nature of the issue. (ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified. E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements: (1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP; (2) private visiting space: (a) physical space for private family visits; (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident ' s death. F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid. [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.68 D (2)	A 068		

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A 068	Continued From page 20 Based on record review, and interview the facility failed to ensure for 2 (R #'s 3 and 4) of 3 (R #'s 2-4) residents currently receiving hospice services that an Admission/Retention Exception team meeting was convened prior to being admitted or retained at the facility. This deficient practice has the potential to affect the health and safety of residents on hospice if the Direct Care Staff (DCS) are not able to provide the higher level of care required or do not know what care they need to provide and what care the hospice agency is providing. The findings are: B. Record review of R #3's Hospice Nursing Care Plan dated [redacted]/16, revealed that the Admissions/Retention Exception team meeting was convened after R #3's admittance to hospice on [redacted]/16. C. Record review of R #4's Hospice Nursing Care Plan dated [redacted]/16, revealed that the Admissions/Retention Exception team meeting was convened after R #4's admittance to hospice on [redacted]/16. D. On 12/07/16 at 11:00 am, during an interview with the Administrator, she confirmed that the Admissions/Retention Exception team meetings for R #'s 3 and 4 did not take place prior to admittance to hospice. She also stated that the hospice team meeting took place at the time of the care plan.	A 068		