Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL ER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4032	A. BUILDING: _____ B. WING _____	R-C 09/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, Z P CODE
THE LEGACY AT SANTA FE	3 AVENIDA ALDEA SANTA FE, NM 87507

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{A 000}	Initial Comments The following deficiency was cited during a Follow-up/Revisit survey conducted on 09/30/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults.	{A 000}	Page 1 The following is the Legacy at Santa Fe Assisted Living Plan of Correction to the Statement of Deficiencies dated 9/30/22. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. All Corrections completed 10/13/2022.	
{A 026}	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will	{A 026}	Page 3 – The Findings: R#1 Immediate actions to correct the following for R#1: 1. Description of the needed assistance with medications added. 2. Crisis prevention/intervention plan added for [redacted] 3. Identified need for medication assistance to include: (who)1 train staff member to assist resident with medications (when) 3 x a day (how) as ordered by MD, (where) here at Legacy. 4. Identified need of hospice to include: (who) Hospice to provide services. Expected goals and outcome for comfort care/end of life care added. (when) Weekly visit by RN and	10/13/22

aid, monthly visit by SW and MD. (how) RN to assess, treat and order supplies and medications, aid to do weekly showers on Mondays. (where) All services provided on site at Legacy.

Page 3-4 Findings: R#3 –Immediate actions to correct the following for R#3:

1. Identified need of assistive device/total dependent to include: (who) 1 staff member to assist with dependent use of wheelchair. Expected goals and outcomes added. (when) 3-5 times a day (how) 1 staff member will propel the resident in wheelchair to meals, appointments, and activities as needed daily (where) here at Legacy.

Page 4-5 Findings: R#4 –

Immediate actions to correct the following for R#4:

1. 6 month assessment completed on 8/26/22. New HWD learning system didn't realize that information did not populate. Additional training with on-line system done

Information to be updated

2. Identified need of assistive device/total dependent to include: (who) 1 staff member or private care giver to assist with dependent use of wheelchair. Expected goals and outcomes added. (when) 3-5 times a day (how) 1 staff member will propel the resident in wheelchair to meals, appointments, and activities daily (where) here at Legacy.
3. 4. 5. 6. 7.

Page 5-6 Findings –

This resident has been out of the community from 8/31-10/1/22.
New service plan developed

Page 6-7 Findings –

Immediate actions to correct the following for R#6:

1. New HWD educated how to use Electronic system to capture review check off to project onto service plan
2. Change of condition was done through comprehensive assessment but found to not transfer automatically to service plan. HWD will write in this information.
3. Assistive device
4. Hospice
5. Medications

Page 7-8: Findings –
Immediate actions to correct the following for R#7:

1. Identified need for medication assistance to include: (who)1 train staff member to assist resident with medications (when) 2 x a day (how) as ordered by MD, (where) here at Legacy.
2. Stand by assist due to falls
3. Expected goals and outcomes for Family Care Coordination and Monthly vitals and weights

Page 8: Findings –
Immediate actions to correct the following for R#8:

1. Service Plan was developed by offsite corporate LPN. Moving forward new onsite HWD will develop and review all service plans.
2. Identified need for medication assistance to include: (who)1

			train staff member to assist resident with medications (when) 2 x a day (how) as ordered by MD, (where) here at Legacy. New HWD will get further training on the use of the electronic system for accurate service plan compliance. HWD will audit 8-10 service plans a week for next 2 months and revise as needed for compliance.	

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{A 026}	Continued From page 1 require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (2) (3) B (1-7) (10) Based on record review and interview, the facility failed to ensure for 7 (R #'s 1, 3, 4, 5, 6, 7, 8) of 8 (R #s 1-8) residents whose Individual Service Plans (ISPs) were reviewed for compliance, that they: 1. Were reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender. 2. Were reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident's health status. 3. Included the following: a. A description of identified needs as noted in the resident evaluation. b. A written description of all services to be provided. c. Who will provide the services. d. Expected goals and outcomes of the services e. When or how often the services will be provided. f. How the services will be provided. g. Where the services will be provided. h. A crisis prevention/intervention plan when indicated by diagnosis or behavior.	{A 026}		

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{A 026}	Continued From page 2 These deficient practices could likely result in the residents not receiving appropriate care/services if the Direct Care Staff (DCS) were not aware of: 1. What care and services the resident's needs. 2. If the ISPs are not current. 3. Who will provide the care and services. 4. How the care and services are to be provided. The Findings are: A. Record review of R #1's (admission date [redacted]/22) Individual Service Plan dated 09/29/22 revealed: 1. It did not include a description of the needed assistance with medications as identified in the resident evaluation dated 04/12/22. 2. It did not include a crisis prevention/intervention plan when indicated by the diagnosis or behavior of depression as identified in the resident evaluation dated 04/12/22. 3. For the identified need of medication assistance, it did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 4. For the identified need of hospice, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. B. Record review of R #3's (admission date [redacted]/22) Individual Service Plan dated 07/12/22 revealed:	{A 026}		

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{A 026}	Continued From page 3 1. For the identified need of assistive device/total dependent, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. C. Record review of R #4's (admission date [redacted]/22) Individual Service Plan dated 09/17/22 revealed: 1. It was not reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident's health status. 2. For the identified needs of Assistive device/total dependent, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 3. For the identified needs of Bathing/total assist, it did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 4. For the identified needs of Home Health, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 5. For the identified needs of Continence care, it	{A 026}		

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{A 026}	Continued From page 4 did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 6. For the identified needs of Medication assistance, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 7. For the identified needs of Skin care, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 8. It did not include a crisis prevention/intervention plan when indicated by the diagnosis or behavior of anxiety as identified in the resident evaluation dated 02/23/22. D. Record review of R #5's (admission date [redacted]22) Individual Service Plan dated 06/23/22 revealed: 1. For the identified needs of Assistive device/total dependent, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 2. For the identified needs of Continence care, it did not include:	{A 026}		

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{A 026}	Continued From page 5 a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 3. For the identified needs of eating/dining, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 4. For the identified needs of Foley catheter assistance, it did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 5. For the identified needs of mobility/stand by assist, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 6. It did not include a crisis prevention/intervention plan when indicated by the diagnosis or behavior of depression as identified on the ISP. E. Record review of R #6's (admission date [redacted]/21) Individual Service Plan dated 05/26/22 revealed: 1. It was not reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender. 2. It was not reviewed and or revised at a	{A 026}		

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{A 026}	Continued From page 6 minimum of every six (6) months or when there is a significant change in the resident's health status. 3. For the identified needs of assistive device/reminders to use, it did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. 4. For the identified need of hospice, it did not include: a. Who will provide the services. b. Expected goals and outcomes c. When or how often the services will be provided. d. How the services will be provided. e. Where the services will be provided. 5. For the identified needs of medication assistance, it did not include: a. Who will provide the services. b. When or how often the services will be provided. c. How the services will be provided. d. Where the services will be provided. F. Record review of R #7's (admission date [redacted]/22) Individual Service Plan dated 09/24/22 revealed: 1. It did not include a description of the needed assistance with medications as identified in the resident evaluation dated 03/24/22. 2. It did not include a description of the needed stand by assist due to being a fall risk as identified in the resident evaluation dated 03/24/22. 3. Expected goals and outcomes of the services are not provided for the following: a. Family care coordination for bathing. b. Monthly vital signs and Weights	{A 026}		

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{A 026}	Continued From page 7 G. Record review of R #8's (admission date [redacted]/22) resident file revealed: 1. The Individual Service Plan dated 02/04/22: a. Was not reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender. b. Did not include the following for any of the identified needs on the ISP: I. A description of identified needs as noted in the resident evaluation. II. A written description of all services to be provided. III. Who will provide the services. IV. When or how often the services will be provided. V. How the services will be provided. VI. Where the services will be provided. 2. The Individual Service Plan dated 08/04/22: a. Did not include the following for the identified needs of Medication assistance: I. Who will provide the services. II. When or how often the services will be provided. III. How the services will be provided. IV. Where the services will be provided. H. On 09/30/22 at 12:00 pm, during an interview with the Administrator, she confirmed the above findings for R #'s 1, 3, 4, 5, 6, 7, 8 Individual Service Plans.	{A 026}		

train staff member to assist resident with medications (when) 2 x a day (how) as ordered by MD, (where) here at Legacy.

New HWD will get further training on the use of the electronic system for accurate service plan compliance. HWD will audit 8-10 service plans a week for next 2 months and revise as needed for compliance.