

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2253	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2019
NAME OF PROVIDER OR SUPPLIER MONTECITO SANTA FE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 500 RODEO ROAD SANTA FE, NM 87505		
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A 000	Initial Comments The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 08/15/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake NM#37514 was substantiated with deficiencies cited.	A 000		
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 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;	A 020		

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LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 020	Continued From page 1 (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 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	A 020			

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A 020	Continued From page 2 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 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	A 020		

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A 020	Continued From page 3 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 (FSSES); (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. 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]	A 020		

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A 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (8) (10) (12) (b) (c) (e) Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death	A 020			

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A 020	Continued From page 5 and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents whose Admission/Discharge Agreements were reviewed for compliance included the following information: 1. A refund provision in case of death that is in compliance with 7.8.2.20 and Senate Bill (SB) 0335 - 2013. 2. The facility's staffing ratio. 3. Rights and responsibilities regarding incident reporting 4. 15-day written notice of termination given to the resident/surrogate decision maker: a. For non-payment of rent. b. If the facility ceases to operate or is no longer able to provide services to the resident. 5. That the agreement may be terminated if an appropriate placement has been found for the resident.	A 020		

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A 020	Continued From page 6 These deficient practices have the potential for all residents identified on the census provided by the Administrator on 08/12/19, to be at risk of harm if: 1. Upon death the resident's estate/responsible party does not receive a refund of the monies owed or are aware of additional charges that may be owed. 2. Being misinformed regarding the number of Direct Care Staff (DCS) that will be available to assist residents on each shift. 3. Residents/Surrogate Decision Makers do not understand their rights and responsibilities regarding the reporting of suspected abuse, neglect or exploitation. 4. 15-day written notice of termination is at given to the resident/surrogate decision maker: a. For non-payment of rent. b. Facility ceases to operate or is no longer able to provide services to the resident. 5. A resident does not has an appropriate placement before Agreement is terminated. The findings are: A. Record review of R #'s 1-4 Admission/Discharge Agreements revealed, the following missing information: 1. Refund provision in case of death. 2. Rights and responsibilities regarding incident reporting. 3. The facility staffing ratio 4. A fifteen (15) day written notice of termination given to the resident/legal representative if the: a. Facility ceases to operate or is no longer able to provide services to the resident. b. The resident fails to pay for stay at the facility. 5. Agreement can be terminated if an appropriate placement has been found for the	A 020		

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A 020	Continued From page 7 resident. B. On 08/13/19 at 1:06 pm, during an interview with the Administrator, he confirmed that the above listed findings were missing from R #s 1-4 Admission/Discharge Agreements.	A 020		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender ' s orders for	A 035		

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A 035	Continued From page 8 PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication;	A 035		

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A 035	Continued From page 9 (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable,	A 035			

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A 035	Continued From page 10 emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 M Based on record review and interview the facility failed to ensure that documentation of medication errors and the prescribers response was kept in the resident's file. This deficient practice has the potential for all 26 (R #s 1-26) residents on the	A 035			

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A 035	Continued From page 11 census provided by the Administrator on 08/12/19 to be at risk of harm or death if they develop an adverse drug reaction (unexpected or dangerous reaction to a drug) if they are taking medications that are not prescribed to them. The findings are: Findings for R #1 A. Record review of Facility's Incident Report binder revealed, New Mexico Department of Health Incident Report dated 06/03/19, revealed R #1 was given on [REDACTED]/19 another's resident's medications: [REDACTED] B. Record review of R #1's facility notes dated 04/26/19 to 07/09/19, revealed no documentation that resident was given medications in error on 06/01/19. C. Record review of R #1's Direct Care Staff shift notes dated 06/01/19, revealed no documentation that resident was given medications in error on 06/01/19. D. Record review of R #1's resident file revealed no documentation that the resident was given another resident's on 06/01/19 or the prescribers response was in the file. Findings for R #5 E. Record review of facility's Incident Report binder revealed, New Mexico Department of Health Incident Report dated 06/14/19, revealed R #5 was given the wrong medications (no medications listed that were taken in error). F. Record review of facility's Fax to [name of	A 035		

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A 035	Continued From page 12 doctor] dated 06/14/19, revealed R #5 was given on [REDACTED]/19 the following medications by error at 8 am: [REDACTED] G. Record review of R #5's facility notes dated from 05/15/19 to 06/28/19, revealed no documentation that resident was given medications in error on 06/14/19. H. Record review of R #5's Direct Care Staff shift notes dated 06/14/19, revealed no documentation that resident was given medications in error on 06/14/19. I. Record review of R #5's resident file revealed no documentation that the resident was given another resident's medications 06/14/19 or the prescribers response was in the file. J. On 08/13/9 at 2:07 pm, during an interview with the Administrator, he confirmed the findings listed above for R #s 1 & 5 no documentation in files for medication errors or prescribers response.	A 035		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily	A 065		

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NAME OF PROVIDER OR SUPPLIER MONTECITO SANTA FE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 500 RODEO ROAD SANTA FE, NM 87505		
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A 065	Continued From page 13 available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A Based on record review and interview, the facility failed to conduct monthly fire drills for each 8-hour shift (day, evening, night) per quarter. This deficient practice has the potential for all 26 (R #s 1-26) residents identified on the resident census, provided by the Administrator on 08/12/19, to be at risk of harm or death in case of fire, if staff are not trained on how to respond and safely evacuate the residents. The findings are: A. Record review for monthly fire drills for the year of 2019, revealed that there were no fire drills conducted from 01/01/19 to 08/01/19. B. On 08/13/19 at 3:40 pm, during interview with the Administrator, he confirmed that monthly fire drills were not performed during the past year	A 065		