STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2258	A. BUILDING: _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMARK AT UPTOWN (THE)	7201 PROSPECT PLACE NE ALBUQUERQUE, NM 87110

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A 000	Initial Comments The following deficiencies were cited during a Full-Onsite/Complaint Survey completed on 03/20/23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census of 107. Complaint intake #60717 was investigated with deficiencies cited. Complaint intake #58968 was investigated with no deficiencies cited. Complaint intake #56338 was investigated with no deficiencies cited. Complaint intake #56359 was investigated with no deficiencies cited. Complaint intake #60630 was investigated with no deficiencies cited.	A 000	The following plan of correction is being submitted by The Woodmark at Uptown, as mandated by the New Mexico Department of Health. However, this response is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. Rather, it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding.	
A 021	7 NMAC 8.2.21 Resident Records RESIDENT RECORDS: A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; (3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated	A 021		

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A 021	Continued From page 1 at a minimum of every six (6) months; (4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include	A 021		

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A 021	Continued From page 2 significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided; (11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and (12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility. B. Resident records maintenance. (1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records. (3) Non-current resident records shall be	A 021		

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A 021	Continued From page 3 maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.21 A (2-4) B (3) Based on record review and interview, the facility failed to ensure that: 1. Resident records were maintained onsite and stored in an organized, accessible and permanent manner. 2. Entries in resident's records are legible, dated and authenticated by the signature of the person making entry. 3. Non-current resident records were maintained by the facility for a period of five (5) years from the date of discharge and readily available within twenty-four (24) hours of request. 4. Resident evaluation form, was readily available and completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; 5. A current ISP, was readily available and completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months; 6. The physical examination report was completed within the past six (6) months, by a	A 021		

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A 021	Continued From page 4 primary care physician, a nurse practitioner or a physician's assistant and on file in the resident's record within ten (10) days of admission; This deficient practice could likely negatively affect the health, safety, and welfare of the 107 (R #s 1-107) residents identified on the resident census list provided by the Business Office/HR Manager on 03/14/23, if their information is not readily available or if the facility does not include the required information in their files. The findings are: A. Record request (written) made on 03/14/23 at 8:34 am, for the facility's records for all state reportable incidents from 08/30/21 through 03/06/22, revealed no documentation of any actual reports were available for review. The facility only provided an Incident Reporting Log documentation, after a written request for state reportable incidents was requested although, no documentation of incidents being reported on 08/30/21 and 03/06/22 were available for review. B. Record request (written) made on 03/14/23 at 4:12 pm, for R #8's (deceased) resident file, revealed; one incomplete semi assessment was provided, it was not dated and did not contain an authenticated signature by the person performing the assessment. C. On 03/14/23 at 10:45 am, after a written request to review R #8's resident file, no initial ISP or proof an updated ISP being completed every six months was found or provided. D. On 03/14/23 at 2:00 pm, during an interview with Administrator, he stated that documents are being looked for on the 2nd floor and never	A 021	A 021 – 7.8.2.21 Resident Records 1. Non-current resident records will be kept in secure storage for five (5) years after resident discharge with records maintained in an accurate and orderly fashion so that they may be readily available within 24 hours of request. 2. Health and wellness director and nursing staff will conduct monthly audits to ensure all records for discharged resident have been gathered and stored appropriately.	9/30/2023

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A 021	Continued From page 5 produced an entire file, that included an Initial ISP's completed within ten days of admission or any ISPs completed for the resident. E. On 03/20/23 at 4:00 pm, during Exit Conference/Interview, the Administrator confirmed that: 1. The incident involving R #8 [redacted] 2022, was documented internally but not reported to the state or saved within the resident file. 2. A state reportable form from 03/06/22 was unable to be produced. 3. The incident involving R #8, [redacted] on 08/30/21, causing [redacted] to be sent to the hospital was not reported to the state. 4. A state reportable was not on file from 08/30/21. 5. Facility was unable to provide R #8's initial and 6 month ISP's from 1/27/21 to 03/21/22. 6. Facility was unable to provide R #8's initial and 6 month Evaluations from 1/27/21 to 03/21/22.	A 021		
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.	A 026		

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A 026	Continued From page 6 (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 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 (3) Based on record review and interview the facility failed to ensure for 1 (R #8) of 3 (R #s 1, 2, & 8) residents whose resident files and Individual Service Plans (ISPs) were reviewed for compliance: 1. That an initial ISP was developed and implemented within (10) calendar days of	A 026		

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A 026	Continued From page 7 admission. 2. That the ISP was reviewed and if needed updated at a minimum of every 6 months or when a change in condition occurred. This deficient practice could likely result in the residents being a risk of not receiving the individual care and services needed if there are no ISPS available for the Direct Care Staff (DCS) to review and follow. The findings are: A. Record review of R #8's resident file, revealed no documentation that an Initial ISP was completed and implemented within (10) calendar days of the admission on [redacted]19 was available to review. In addition, there was no documentation of any additional ISPs being completed or implemented from 01/28/19 until [redacted]22. B. On 01/27/23 at 3:20 pm, during an interview with the Administrator, he confirmed that R #8's initial ISPs were not completed and/or implemented within 10-days of their admission to the facility and there was no documentation of any of R #8's ISPs available for review.	A 026	A 026 – 7.8.2.26 Individual Service Plan 1. Resident #8 is no longer at community. 2. Any ISPs with missing needs will be immediately updated upon discovery. This will be completed no later than 8/31/2023. 3. Will be conducting a review of all ISPs and revising any care plans as needed. 4. Will revise ISP when a change in condition is noted. The licensed nurse will meet with the Executive Director (ED) and review the ISPs if there are any changes to make sure those changes are being addressed as required on the care plan.	8/31/2023
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and	A 032		

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A 032	Continued From page 8 staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1-2) B (1-3) 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to	A 032		

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A 032	Continued From page 9 falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor ' s order or an ISP or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division ' s incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau ' s incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for 1 (R #8) of 9 (R #s 1-9) residents whose Internal Incident Reports were reviewed for compliance, revealed that the facility: 1. Reported incidents of possible abuse, neglect, exploitation, or unusual occurrence to the Licensing Authority within 24 hours or the next business day, if a holiday or weekend. 2. Conducted an internal investigation and submitted an Investigation/Follow-Up report to the Licensing Authority within 5 business days of the date the incident occurred.	A 032		

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A 032	Continued From page 10 This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death, if incidents of possible abuse, neglect, exploitation, or unusual occurrence occur and there is no oversight by the Licensing Authority. The findings are: Findings related to a head injury: A. Record review of R #8's resident file revealed that on 08/30/21, the resident was sent to the hospital with a head injury for a [redacted] There was no documentation that the facility: 1. Reported the incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Conducted an internal investigation and submitted a follow-up investigation report to the Licensing Authority within 5-business days after the date of the incident. Findings related to [redacted] B. Record review of R #8's facility Internal Incident Report #IN22163194 dated 03/06/22, revealed that R #8 had a witnessed [redacted] with injury. The resident's Power of Attorney (POA) was left a voicemail about the [redacted] on 03/07/22 and the hospice agency was notified on 03/07/22. There was no documentation that the facility: 1. Reported the incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Conducted an internal investigation and submitted a follow-up investigation report to the Licensing Authority within 5-business days after the date of the incident.	A 032	A 032 – 7.8.2.32 Reporting of Incidents 3. Incidents will be reviewed daily as part of the management meeting. Any incidents of resident abuse, neglect or exploitation will be reported to State within twenty (24) hours or by the next business day by the ED or designee. 4. Based on daily incident review all state reportable incidents will be investigated by ED and then shall be submitted to the State with a narrative description of the incident and plans for further actions in response to the incident on the then current state incident reporting form within 5 business days by the ED or designee. Incident reports and reportable incidents will be reviewed as part of the community quality assurance meeting at least quarterly.	7/31/2023

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A 032	Continued From page 11 C. Record Review of the Hospice Routing History dated 03/07/22 at 4:01 pm revealed: 1. R #8 complained of pain to the right leg. 2. The resident had a [redacted] in the back of the [redacted] D. Record review of R #8's Hospice Notes dated 03/08/22 at 10:33 pm revealed: 1. Hospice made a visit to assess pain and [redacted] to the resident two days after the [redacted] 2. R #8 had [redacted] 3. X-rays were ordered to [redacted] /22. 4. [redacted] was recommended prior to moving R #8. E. Record review of R #8's Physicians order dated 03/09/22, revealed R #8 had a [redacted] F. Record review of Complaint Intake #60717 revealed that the complainant reported that: 1. Facility never provided family a incident report upon request 2. The facility did not transport resident to the hospital. 3. Resident was kept overly sedated. G. Record review of a written Witness Statement signed and completed by Direct Care Staff (DCS) #10 on 03/15/23, revealed: 1. Caregivers were pushing the resident in [redacted] wheelchair when [redacted] 2. The fall was witnessed by other facility staff. 3. DCS picked the resident up after the [redacted] 4. Hospice took X-rays the day after the [redacted] H. On 03/20/23 at 4:30 pm, during an interview with the Administrator, he confirmed that:	A 032		

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A 032	Continued From page 12 1. R #8 had a witnessed [redacted] on 03/06/22, which resulted in injury. 2. Hospice assessed the resident the following day (03/07/22). 3. The facility did not report incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. and did not follow up within 5-business days after the date of the incidents.	A 032		