Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2252	A. BUILDING: _____ B. WING _____	R-C 04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAVENNA ASSISTED LIVING	3051 TWIN OAKS NW ALBUQUERQUE, NM 87120

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments Deficiency was cited during a Revisit/Follow-up survey completed on 04/03/18 for state requirement of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
{A 034}	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the	{A 034}		

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{A 034}	Continued From page 1 name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall	{A 034}		

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{A 034}	Continued From page 2 maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A This is a uncorrected deficiency from survey 02/01/18 Based on observation and interview, the facility failed to ensure for 2 (R #s 1 & 3) of 4 (R #s 1-4) residents prescribed medications were available at the facility. This deficient practice has the potential risk of harm, illness, and/or may require	{A 034}		

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{A 034}	Continued From page 3 medical treatment if resident's prescribed medications are not available and administered as ordered. The findings are: A. On 04/03/18 at 2:15 pm, during observation of the medication cart, it revealed, R #1's prescribed medications were not in the cart and there were no physician's orders for the medications to be discontinued (DC) for the following: 1. Nystatin 100,000 O USP (anti-fungal) 15 gm (grams) Mycostatin (rash) apply three times a day to the affected area, was listed on 04/01/18 to 04/03/18 Medication Administration Record (MAR). 2. Acetaminophen - Tylenol 500 mg (milligrams) (pain) take 1 tablet by mouth every 6 hours PRN (as needed) 3. Calcium Antacid - Tums 500 mg chewable tablet (indigestion) take 2 tablets by mouth up to four times daily PRN. B. On 04/03/18 at 2:45 pm, during observation of the medication cart revealed, R #3's prescribed medication Robitussin DM - Guaifenesin 100-10 mg/5 ml (milliliter) syrup (cough) take 10 ml by mouth every 6 hours was not in the cart and there was no physician's order for the medication to be discontinued (DC). C. On 04/03/18 at 3:15 pm, during interview with the Administrator, she confirmed R #1 and 3's prescribed medications listed above were not in the medication cart or in the office/facility, and there were no physicians orders for the medications to be discontinued.	{A 034}	7 NMAC 8.2.34 Custodial Drug Permits A. a) Med cart audited and doctor's orders updated and signed by MD and filed in med chart. b) Lead medication assistant to audit cart on weekly basis to reconcile orders with medications on hand. c) Lead medication assistant to reconcile doctor's orders with medications available by sending d) Lead medication assistant to report status to Administrator weekly. Regularly scheduled audits 1) weekly by medication assistant and 2) monthly by Administrator to reconcile MD orders with meds on hand. a) Med cart audited and doctor's orders updated and signed by MD and filed in med chart. b) Lead medication assistant to audit cart on weekly basis to reconcile orders with medications on hand. c) Lead medication assistant to reconcile doctor's orders with medications available by sending Regularly scheduled audits 1) weekly by medication assistant and 2) monthly by Administrator to reconcile MD orders with meds on hand. C. Hospice agencies each were notified of our policies and procedures for medication orders and update procedures. Blank scripts available for nurses to take phone orders in order to update med orders onsite. Medication assist staff notified/educated to new procedures. Phone log started to track communications with outside agencies. Medication Lead to monitor weekly and Administrator to monitor communication log on monthly basis.	4/9/18 6/25/18 6/25/18 6/25/18 6/25/18 4/9/18 6/25/18 6/25/18 6/25/18 6/1/18