Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4109	A. BUILDING: _____ B. WING _____	C 04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO ON ACADEMY (THE)	10500 ACADEMY ROAD NE ALBUQUERQUE, NM 87111

(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 The following deficiencies were cited during a Full Onsite/Complaint survey completed on [redacted]/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census: [redacted] Complaint Intake NM [redacted] was investigated, and no deficiency was cited.	A 000	A017 – Staff training – The Business Office manager will perform an audit of all Assisted Living Team Member records to ensure that all Team Members are compliant with NMAC 8.2.17. Any non-compliant team members will be assigned appropriate trainings through our on-line training program. Progress will be monitored until the requirement has been satisfied. All new team members will complete the required trainings through our on-line training program before working on the floor. Bi-monthly audits will be conducted by the Business Office Manager through our on-line training program reporting tool to ensure all team members are compliant on an ongoing basis. Team members that are dispensing medication will take a state approved course and a copy of the certification will be maintained in the employee file.	[redacted]2024
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	A 017		

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A 017	Continued From page 1 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 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 C (2-3, 6, 8-9, 11-12) Based on record review and interview, the facility failed to ensure the Direct Care Staff (DCS) completed all twelve (12) hours of orientation or annual training required by regulation. These deficient practices could likely result in the [redacted] residents listed on the resident census, provided by the Administrator on [redacted]'24, to be at risk of harm if they are receiving care and services by DCS who have not received the required trainings. The findings are: A. Record review of DCS #1's (hire date [redacted]23) training file revealed no documentation of completing the required orientation training in the following areas: 1. Smoking policy for staff, residents, and	A 017		

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A 017	Continued From page 2 visitors. 2. Medication assistance, including the certificate of training for staff that assist with medication delivery. B. Record review of DCS #2's (hire date [redacted]/24) training file revealed no documentation of completing the required orientation training in the following areas: 1. Smoking policy for staff, residents, and visitors. 2. Medication assistance, including the certificate of training for staff that assist with medication delivery. C. Record review of DCS #3's (hire date [redacted]07) training file revealed no documentation of completing the required annual training in the following areas: 1. First Aid. 2. Safe Food Handling Practices. 3. Resident Rights. 4. Smoking Policy for staff, residents, and visitors. 5. Methods to provide quality resident care. 6. Medication assistance, including the certificate of training for staff that assist with medication delivery. 7. The proper way to implement a resident ISP for staff that assist with ISPs. D. On [redacted]24 at 9:25 am, during an interview, the Director of Resident Care confirmed that DCS #s 1-2 had not completed all required 12 hours of orientation training and that DCS #3 had not completed all required 12 hours of annual training.	A 017		

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A 034	Continued From page 3 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 resident's 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.	A 034	A034 – Custodial Drug Permit – The community will conduct an audit of all residents that self-administer medication. The community will provide either a lock box or will install a lock on an existing drawer/cabinet where possible. Upon doing the initial evaluation for a new a resident, if the Director of Resident Services notes that the resident will be self-administering medication, they will notify the maintenance department through our maintenance tracking software of the need for either a lockbox or installation of a lock to secure medications.	[redacted]2024

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A 034	Continued From page 4 (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 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	A 034		

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A 034	Continued From page 5 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 (5) Based on observation and interview, the facility failed to ensure that residents that self-administer their own medications had them secured in their room in a locked compartment. This deficient practice could likely result in the [redacted] residents listed on the resident census provided by the Administrator on [redacted]/24, to be at risk of, illness, harm and/or death if medications are misused or stolen if they are not kept in a locked compartment in their room. The findings are:	A 034		

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A 034	Continued From page 6 A. On [redacted]/24 at 10:05 am, during observation of [redacted] room, medications in pill bottles and weekly pill containers were on her bed and not kept in a separate locked container. B. On [redacted]/24 at 10:10 am, during observation of [redacted] room, medications in pill bottles and weekly pill containers were on her nightstand and not kept in a separate locked container. C. On [redacted]/24 at 10:15 am, during an interview, Direct Care Staff (DCS) #4 (Med Tech) confirmed that [redacted] self-administers their own medication and did not have their medications in their rooms secured in separate locked storage containers.	A 034		