

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/24/2020
NAME OF PROVIDER OR SUPPLIER WILLOW WOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 1008 CHIRICAHUA SE ALBUQUERQUE, NM 87123		
(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 Revisit/Follow-up survey completed on 01/23/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
{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}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/24/20

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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 (3) Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose Individual Service Plans (ISP's) were reviewed for compliance and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender (PE). This deficient practice is likely for residents to be at risk of harm and not receiving the care/services needed, if the Direct Care Staff (DCS) do not know what care/services to provide. If the ISPs are not reviewed/revised if needed by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender (PE) then residents are not receiving the care/services needed. The findings are: A. Record review of R #s 1-3 ISPs revealed no documentation that they were reviewed and if needed revised by a Nurse or PE. B. On 01/23/20 at 1:50 pm, during an interview with the Administrator, he confirmed that R #s 1-3 ISPs were not signed as reviewed and if needed	{A 026}		

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{A 026}	Continued From page 2 revised by a Nurse or PE.	{A 026}			