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| A 000 | Initial Comments<br><br>The following deficiencies were cited as a result of a Full-Onsite/Complaint survey completed on 11/08/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.<br><br>Complaint Intake NM#30180 was unsubstantiated with deficiencies cited. | A 000 | | |
| A 020 | 7 NMAC 8.2.20 Admissions and Discharge<br><br>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.<br>A. Admission agreement. The admission agreement shall include the following information:<br>(1) the parties to the agreement;<br>(2) the program narrative;<br>(3) the facility's rules;<br>(4) the cost of services and the method of payment;<br>(5) the refund provision in case of death, transfer, voluntary or involuntary discharge;<br>(6) information to formulate advance directives;<br>(7) a written description of the legal rights of the residents translated into another language, if necessary;<br>(8) the facility's staffing ratio;<br>(9) written authorization for staff to assist with medications;<br>(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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| A 020 | Continued From page 1 | A 020 | | |

(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

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| A 020 | Continued From page 2 | A 020 | | |

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

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| A 020 | Continued From page 3<br>writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:<br>(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;<br>(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 (FSES);<br>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and<br>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.<br>(3) The team recommendation shall be maintained on site in the resident ' s file.<br>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.<br>D. Coordination of care.<br>(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.<br>(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.<br>[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<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.20 A (5) (12) C (1) D (1)<br><br>Based on record review and interview the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents that:<br>1. The Admission/Discharge Agreements included a refund provision in case of death.<br>2. The Admission agreement may be terminated "if" an appropriate placement is found.<br>3. A team meeting is convened prior to accepting or retaining a hospice resident.<br>4. Coordination of care with the hospice provider was documented on the Individual Service Plan (ISP).<br><br>These deficient practices have the potential for the residents to be at risk of:<br>1. Monies paid to the facility not being correctly refunded to the resident's estate after death.<br>2. Being transferred out of the facility without a place to go.<br>3. Needing a higher level of care and services than staff can provide if a team meeting is not held prior to admitting or retaining a resident on hospice or requiring a higher level of care then facility would normally provide.<br>4. The Direct Care Staff (DCS) do not know what services they are to provide and what services the hospice agency will provide. The findings are:<br><br>A. Record review of R #'s 1 admission agreement dated [redacted]/16 revealed that:<br>1. It does not state the refund provision in | A 020 | | |

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| A 020 | Continued From page 5 | A 020 | | |

case of death.
2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident.

B. Record review of R #'s 2 (hospice start date [redacted]/17) admission agreement dated [redacted]13 revealed that:
1. It does not state the refund provision in case of death.
2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident.
3. Admissions/Retention Exception team meeting was not convened prior to resident's admittance to hospice services.
4. The [redacted]/17 was not updated to include hospice services for coordination of care between the facility and the hospice agency when resident was admitted to hospice.

C. Record review of R #'s 3 admissions agreement dated [redacted]/16 revealed that:
1. It does not state the refund provision in case of death.
2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident.

D. Record review of R #'s 4 (hospice start date [redacted]/16) admissions agreement dated [redacted]/16 revealed that:
1. It does not state the refund provision in case of death.
2. It does not state that the agreement can be terminated "if" appropriate placement has been found for the resident.
3. Admission/Retention Exception team meeting was not convened prior to resident's admittance to hospice services.

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| A 020 | Continued From page 6<br>4. The [redacted]/16 was not up-dated to include hospice services for coordination of care between the facility and the hospice agency when resident was admitted to hospice.<br><br>E. On 11/06/17 at 3:20 am, during an interview with the House Manager, he confirmed the following:<br>1. The termination agreement for R #s 1-4 for termination incorrectly states for the section for death "The contract rate will be charged for the entire calendar month regardless of what portion of the month your unit is occupied."<br>2. The admission agreement for termination for R #s 1-4 does not have the statement "If an appropriate placement has been found for the resident."<br><br>F. On 11/08/17 at 3:30 pm, during interview with the Administrator, she confirmed that R #2 and R #4's ISPs were not up-dated to indicate that changes in conditions occurred and did not include coordination of care between the facility and the hospice agency when hospice services began, and a team meeting was not convened prior to R # 2 and R #4's admittance to hospice. | A 020 | | |
| A 025 | 7 NMAC 8.2.25 Resident Evaluation<br><br>RESIDENT EVALUATION:<br>A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility.<br>B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident | A 025 | | |

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| A 025 | Continued From page 7 | A 025 | | |

changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.
C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:
(1) activities of daily living;
(2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc;
(3) communication and hearing; ability to communicate needs and understand instructions, etc;
(4) vision;
(5) physical functioning and skeletal problems;
(6) incontinence of bowel/bladder;
(7) psychosocial well-being;
(8) mood and behavior;
(9) activity interests;
(10) diagnoses;
(11) health conditions;
(12) nutritional status;
(13) oral or dental status;
(14) skin conditions;
(15) medication use and level of assistance needed with medications;
(16) special treatments and procedures or special medical needs such as hospice; and
(17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc.
D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually.
E. The resident evaluation shall be reviewed and

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if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]

This REQUIREMENT is not met as evidenced by:
7.8.2.25 B

Based on record review and interview the facility failed to ensure for 2 (R #s 2 and 4) of 4 (R #s 1-4) residents whose evaluations/assessments were reviewed for compliance were updated when there was a change in condition. This deficient practice has the potential for residents to not receive the increased level of care and services needed if the evaluations/assessments have not been updated to reflect their increased level of care. The findings are:

A. Record review of R #2's evaluation/assessments dated 11/12/16 and [redacted]/17 revealed that both evaluation/assessments were not updated when [redacted] had a change in condition and was admitted to hospice services on [redacted]/17.

B. Record review of R #4's evaluation/assessments dated [redacted]/16 and [redacted]/17 revealed that both evaluation/assessments was not updated when [redacted] had a change in condition and was admitted to hospice services on [redacted]/16.

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| A 025 | Continued From page 9<br><br>C. On 11/08/17 at 3:30 pm, during interview with the Administrator, she confirmed that the evaluations were not updated at a minimum of every 6 months or when R #2 and R #4 had a change in condition and was admitted to hospice. | A 025 | | |
| A 026 | 7 NMAC 8.2.26 Individual Service Plan<br><br>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.<br>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.<br>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.<br>(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.<br>(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.<br>B. The ISP shall include the following:<br>(1) a description of identified needs as noted in the resident evaluation;<br>(2) a written description of all services to be provided;<br>(3) who will provide the services;<br>(4) when or how often the services will be provided;<br>(5) how the services will be provided;<br>(6) where the services will be provided;<br>(7) expected goals and outcomes of the services;<br>(8) documentation of the facility ' s determination | A 026 | | |

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| A 026 | Continued From page 10<br>that it is able to meet the needs of the resident;<br>(9) the level of assistance that the resident will require with activities of daily living and with medications;<br>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and<br>(11) current orders for all medications, including those authorized for PRN usage.<br>[7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>07.8.2.26 A (1) (3)<br><br>Based on Record review and interview the facility failed to ensure for 2 (R #s 2 and 4) of 4 (R #s 1-4) residents whose Individual Service Plans (ISPs) were reviewed for compliance:<br>1. Were reviewed and revised at a minimum every six months and/or when a change in condition occurred.<br>2. Included documentation of coordination of care with the hospice provider.<br><br>This deficient practice has the potential for residents to be at risk of harm if they do not receive the appropriate care and assistance they need as changes in their health status occurs.<br>The findings are:<br><br>A. Record review of R #2's file revealed that the last ISP was last conducted on [redacted]/16 was not reviewed at a minimum of six months, was not updated when a change in condition occurred and was admitted to hospice services on [redacted]/17, and included coordination of care between the facility and hospice agency. | A 026 | | |

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| A 026 | Continued From page 11<br><br>B. Record review of R #4's file revealed that the ISP 10/15/16 was not reviewed at a minimum of six months, was not updated when a change in condition occurred and was admitted to hospice services on 11/01/16, and included coordination of care between the facility and hospice agency.<br><br>C. On 11/08/17 at 3:30 pm, during interview with the House Manager, and Administrator, they confirmed that R # 2 and 4's ISPs were not revised at a minimum of six months, when changes in conditions occurred (admission to hospice), and did not include coordination of care between the facility and the hospice agency. When hospice services began. | A 026 | | |
| A 032 | 7 NMAC 8.2.32 Reporting of Incidents<br><br>REPORTING OF INCIDENTS:<br>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.<br>(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 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.<br>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.<br>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 | A 032 | | |

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| A 032 | Continued From page 12<br>was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:<br>(1) a narrative description of the incident;<br>(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<br>(3) plans for further actions in response to the incident.<br>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.32 A (1)<br><br>.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS<br><br>Refer to 7.1.13.7 W. & 8 B. (2)<br><br>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to 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 Individual Service Plan, or any other incident which may evidence abuse, neglect, or exploitation.<br><br>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 | A 032 | | |

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| A 032 | Continued From page 13 | A 032 | | |

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 #2) of 2 (R #s 1 and 2) residents whose internal incident reports were reviewed for compliance were reported to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday. This deficient practice has the potential for all residents to be at risk of harm if the facility is not reporting incidents to the Licensing Authority then there would be no oversite to protect the residents from being abused, neglected, and/or injured. The findings are:

A. Record review of R #2's internal Incident Report dated 07/13/17, completed by Direct Care Staff (DCS) #5 revealed, that DCS #5 walked into R #2's room and found resident's head was on the floor and legs on the bed with blood on the left sleeve of the pajamas. The incident was not reported to the Licensing Authority.

B. On 11/07/17 at 3:45 pm, during interview with the Administrator, she confirmed that R #2's Incident report dated 07/13/17 was not reported

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| A 032 | Continued From page 14<br>to the Licensing Authority. | A 032 | | |
| A 034 | 7 NMAC 8.2.34 Custodial Drug Permits<br><br>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.<br>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.<br>(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.<br>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.<br>(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.<br>(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.<br>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or | A 034 | | |

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| A 034 | Continued From page 15 | A 034 | | |

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 maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.

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| A 034 | Continued From page 16<br>(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.<br>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.<br>(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.<br>(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.<br>[7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.34 A (7)<br><br>Reference (NFPA) National Fire Protection Association 99 (Healthcare Facilities Code) 2012 Edition<br>NFPA 99.<br>11.3 Cylinder and Container Storage Requirements.<br>11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.<br>11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 | A 034 | | |

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| A 034 | Continued From page 17<br>ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3.<br>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.<br>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.<br>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:<br>(1) Minimum distance of 6.1 m (20 ft)<br>(2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems<br>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour<br>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.<br>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.<br>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.<br>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.<br>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.<br>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.<br>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 | A 034 | | |

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| A 034 | Continued From page 18<br>and 11.3.3.2.<br>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures.<br>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.<br>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.<br>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.<br>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.<br>11.3.4 Signs.<br>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.<br>11.3.4.2 The sign shall include the following wording as a minimum:<br><br>CAUTION:<br>OXIDIZING GAS(ES) STORED WITHIN<br>NO SMOKING<br>2012 Edition<br><br>Based on observation and interview the facility failed to ensure that oxygen cylinder tanks were secured and stored correctly. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by the House Manager on 11/06/17, to be at risk of harm or injury if oxygen cylinder tanks were to be knocked over and may act like a missile, and if a | A 034 | | |

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| A 034 | Continued From page 19<br>fire occurs, oxygen cylinder tanks stored with combustibles accelerates the fire. The findings are:<br><br>A. On 11/07/17 at 11:15 am, during observation of the laundry room it was observed that 28 (twenty-eight) oxygen cylinder tanks in a crate and 1 (one) oxygen cylinder tank was free standing on the floor were stored in the laundry room with blankets, sheets, and pillows.<br><br>B. On 11/07/17 at 11:30 am during interview with the House Manager, he confirmed that 28 (twenty-eight) oxygen clinger tank in crates and 1 (one) free standing was on the floor in the laundry room stored with blankets, pillows, and sheets. | A 034 | | |
| A 036 | 7 NMAC 8.2.36 Nutrition<br><br>NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks.<br>A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.<br>(1) Meal service. The facility shall:<br>(a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening | A 036 | | |

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| A 036 | Continued From page 20 | A 036 | | |

meal and morning meal with snacks freely available;
(b) provide snacks of nourishing quality and post on the daily menu;
(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;
(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;
(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;
(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;
(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and
(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.
(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:
(a) instruction in proper food storage;
(b) preparation and serving food;
(c) safety in food handling;
(d) appropriate personal hygiene; and
(e) infectious and communicable disease control.
B. Dietary records. The facility shall maintain the following documentation onsite:

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| A 036 | Continued From page 21<br>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;<br>(2) a systematic record of therapeutic diets as prescribed by a PCP;<br>(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and<br>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.<br>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.<br>(1) Kitchen sanitation.<br>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.<br>(b) Utensils shall be stored in a clean, dry place protected from contamination.<br>(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.<br>(2) Washing and sanitizing kitchenware.<br>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.<br>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. | A 036 | | |

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| A 036 | Continued From page 22<br>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.<br>(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.<br>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.<br>(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.<br>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.<br>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.<br>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.<br>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in | A 036 | | |

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| A 036 | Continued From page 23<br>the warmest section of the refrigerator and freezer and shall be accessible and easily read.<br>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.<br>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.<br>(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.<br>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.<br>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.<br>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.<br>(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.<br>(8) The facility shall ensure the following:<br>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; | A 036 | | |

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| A 036 | Continued From page 24<br>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and<br>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.<br>E. Milk.<br>(1) Raw milk shall not be used.<br>(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk.<br>F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.36 B (4) C (1) (a)<br><br>Based on observation, record review and interview, the facility failed to ensure that:<br>1. The temperatures of the refrigerator and freezer were being taken daily<br>2. The freezer has a daily log to record the temperatures.<br>3. The refrigerator has a daily log to record | A 036 | | |

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| A 036 | Continued From page 25<br>temperatures.<br>4. The freezer was in good working order.<br><br>This deficient practice has the potential for all 15 (R#'s 1-15) residents identified on the resident census provided by the Administrator on 11/06/17, to be at risk of contracting foodborne illnesses if the food is not stored and maintained at the proper temperatures. The findings are:<br><br>A. On 11/06/17 at 10:40 am, during observation of the kitchen freezer and the temperature on the door was at 42 degrees Fahrenheit (F) and the thermometer was left in the freezer for 20 minutes and the freezer temperature was at 40 degrees F.<br><br>B. Record review of facility's temperature logs for the kitchen refrigerator and freezer revealed, that the refrigerator and freezer last recorded temperature was on 03/31/16.<br><br>C. On 11/06/17 at 10:50 am, during interview with the House Manager, he confirmed that the kitchen freezer's temperature on the door was at 42 degrees F, the temperature in the freezer was at 40 degrees F, and that the daily temperatures were not being taken or recorded and the last recorded temperatures for the kitchen refrigerator and freezer was on 03/31/16. | A 036 | | |
| A 042 | 7 NMAC 8.2.42 Maintenance of Building and Grounds<br><br>MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:<br>A. Storage areas/grounds. Storage areas and | A 042 | | |

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| A 042 | Continued From page 26<br>grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.<br>B. Floors. Floors shall be maintained stable, firm and free of tripping hazards.<br>[7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.42 B<br><br>Based on observation and interview the facility failed to ensure for 2 (R #s 5 and 6) of 15 (R #s 1-15) residents whose rooms were observed, that the flooring was in good repair and free of tripping hazards. This deficient practice has the potential for residents to be at risk of harm or injury if they were to trip and fall. The findings are:<br><br>A. On 11/08/17 at 9:10 am, during observation of R #s 5 and 6's both amblatory shared room (no room number) it was observed that the carpet was frayed with long fibers laying on the floor leaving small long open spaces and long loop threads.<br><br>B. On 11/08/17 at 9:20 am, during interview with the House Manager, he confirmed that R #s 5 and 6's room that the carpet was frayed with long fibers laying on the floor. | A 042 | | |
| A 044 | 7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation | A 044 | | |

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| A 044 | Continued From page 27<br>HEATING, AIR-CONDITIONING AND VENTILATION:<br>A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel.<br>B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents.<br>C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock.<br>D. Fireplaces and open flame heating shall not be utilized in sleeping rooms.<br>E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.<br>F. The facility shall be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means.<br>G. All openings to the outside air used for ventilation shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices.<br>H. The facility shall have a system for maintaining | A 044 | | |

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| A 044 | Continued From page 28<br>the residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.44 A<br><br>Based on record review the facility failed to ensure that the gas water heating system was checked, tested, and maintained annually. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by the House Manger on 11/06/17, to be at risk of illness and harm if the furnace stops working during cold weather, and/or has a carbon monoxide leak. The findings are:<br><br>A. Record review of maintenance file (no date) revealed that there was no documentation that the gas water heater had been inspected.<br><br>B. On 11/07/17 at 10:45 am, during interview with the House Manager, he confirmed that the gas water heater has never been inspected. | A 044 | | |
| A 068 | 7 NMAC 8.2.68 Hospice<br><br>HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.<br>A. Definitions: in addition to the requirements for | A 068 | | |

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all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply.
(1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC.
(2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms.
(3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health.
(4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.
(5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services.
(6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure.
(7) " Terminally ill " means a diagnosis by a

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physician for a patient with a prognosis of six (6) months or less to live.
(8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination.
B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services:
(1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and
(2) offer an ongoing employee psychological support program for end of life care issues.
C. Individual service plan (ISP) requirements.
(1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care staff.
(2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following:
(a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC;
(b) what services are to be provided;
(c) who will provide the services;
(d) how the services will be provided;
(e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process;
(f) documentation (visit notes) of the care and services that are provided with the signature of

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the person who provided the care and services; and
(g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them.
(3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:
(a) a physician;
(b) a physician extender (PA or NP);
(c) a licensed nurse (RN or LPN);
(d) the resident if their PCP has approved it;
(e) family or family designee; and
(f) any other individual in accordance with applicable state and local laws.
D. Care coordination.
(1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC.
(2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC.
(3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation.
(a) The facility shall provide individual records for each resident.
(b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record.
(4) The assisted living facility shall provide the

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resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions.
(5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC.
(6) The assisted living facility shall ensure the coordination of services with the hospice agency.
(a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs.
(b) The assisted living facility shall receive information and communication from the hospice staff at each visit.
(i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.).
(ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation.
(c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members.
(d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator.
(i) The process may be informal or formal depending on the nature of the issue.
(ii) If an issue can not be resolved or if there is an

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| A 068 | Continued From page 33<br>immediate danger to the resident the appropriate authority shall be notified.<br>E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements:<br>(1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP;<br>(2) private visiting space:<br>(a) physical space for private family visits;<br>(b) accommodations for family members to remain with the patient throughout the night; and<br>(c) accommodations for family privacy after a resident ' s death.<br>F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid.<br>[7.8.2.68 NMAC - N, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.68 B (1) C (2) D (2)<br><br>Based on record review and interview the facility failed to ensure that:<br>1. Direct Care Staff (DCS) were provided and completed the required 6 hours of annual training for palliative/hospice.<br>2. Coordination of care was documented with the hospice provider on the Individual Service Plan (ISP).<br>3. A team meeting is convened prior to accepting or retaining a hospice resident. | A 068 | | |

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| A 068 | Continued From page 34 | A 068 | | |

This deficient practice has the potential for 3 residents identified on the resident census as receiving hospice services, provided by the House Manager on 11/06/17 to not receive the higher level of care and services they need. The findings are:

Findings related to training
A. Record review of DCS #1's (date of hire: 07/29/16) staff file revealed, missing documentation for 6-hours of hospice training to include one (1) hour specific to the hospice resident's ISP.

B. Record review of DCS #2's (date of hire: 05/05/16) staff file revealed, missing documentation for 6-hours of hospice training to include one (1) hour specific to the hospice resident's ISP.

C. On 11/06/17 at 1:20 pm, during an interview with the House Manager, he confirmed that DCS #s 1 and 2 have not received any hospice trainings or training specific to a hospice resident.

D. Record review of R #'s 2 file (hospice start date 01/12/17) revealed that:
1. An Admissions/Retention Exception team meeting was not convened when R #2 was admitted to hospice services.
2. The ISP dated 01/06/16 was not updated when R #2 had a change in condition and was admitted to hospice services and did not include coordination of care between the facility and the hospice agency.

E. Record review of R #'s 4 file (hospice start date 11/01/16) revealed that:
1. An Admission/Retention Exception team meeting was not convened when R #4 was

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| A 068 | Continued From page 35<br>admitted to hospice services.<br>2. The ISP dated 10/15/16 was not up-dated when R #4 had a change in condition and was admitted to hospice services, and did not include coordination of care between the facility and the hospice agency.<br><br>F. On 11/08/17 at 3:30 pm, during an interview with the Administrator, she confirmed the following:<br>1. A team meeting was not convened prior to admittance to hospice for R #s 2 and 4 who were receiving hospice services.<br>2. ISPs for R #s 2 and 4 were not up-dated to include coordination of care between the facility and the hospice agency. | A 068 | | |
| A 070 | 7 NMAC 8.2.70 Incorporated and Related Rules and Codes<br><br>INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following:<br>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC.<br>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC.<br>C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC.<br>D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC.<br>E. Employee Abuse Registry 7.1.12 NMAC.<br>F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC.<br>[7.8.2.70 NMAC - N, 01/15/2010] | A 070 | | |

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| A 070 | Continued From page 36<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.70 F<br><br>.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS<br><br>Refer to 7.1.13.7 W. & 8 B. (2)<br><br>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to 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.<br><br>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 | A 070 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 2137 | A. BUILDING: _____ B. WING _____ | C 11/08/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIFE SPIRE ASSISTED LIVING | 9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 070 | Continued From page 37<br>ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form<br><br>Based on record review and interview, the facility failed to ensure for 1 (R #2) of 2 (R #s 1 and 2) residents whose internal incident reports were reviewed for compliance were reported to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday. This deficient practice has the potential for all residents to be at risk of harm if the facility is not reporting incidents to the Licensing Authority then there would be no oversite to protect the residents from being abused, neglected, and/or injured. The findings are:<br><br>A. Record review of R #2's internal Incident Report dated 07/13/17, completed by Direct Care Staff (DCS) #5 revealed, that DCS #5 walked into R #2s room and found resident's head was on the floor and legs on the bed with blood on the left sleeve of the pajamas. The incident was not reported to the Licensing Authority.<br><br>B. On 11/07/17 at 3:45 pm, during interview with the Administrator, she confirmed for R #2 Incident report dated 07/13/17 was not reported to the Licensing Authority. | A 070 | | |