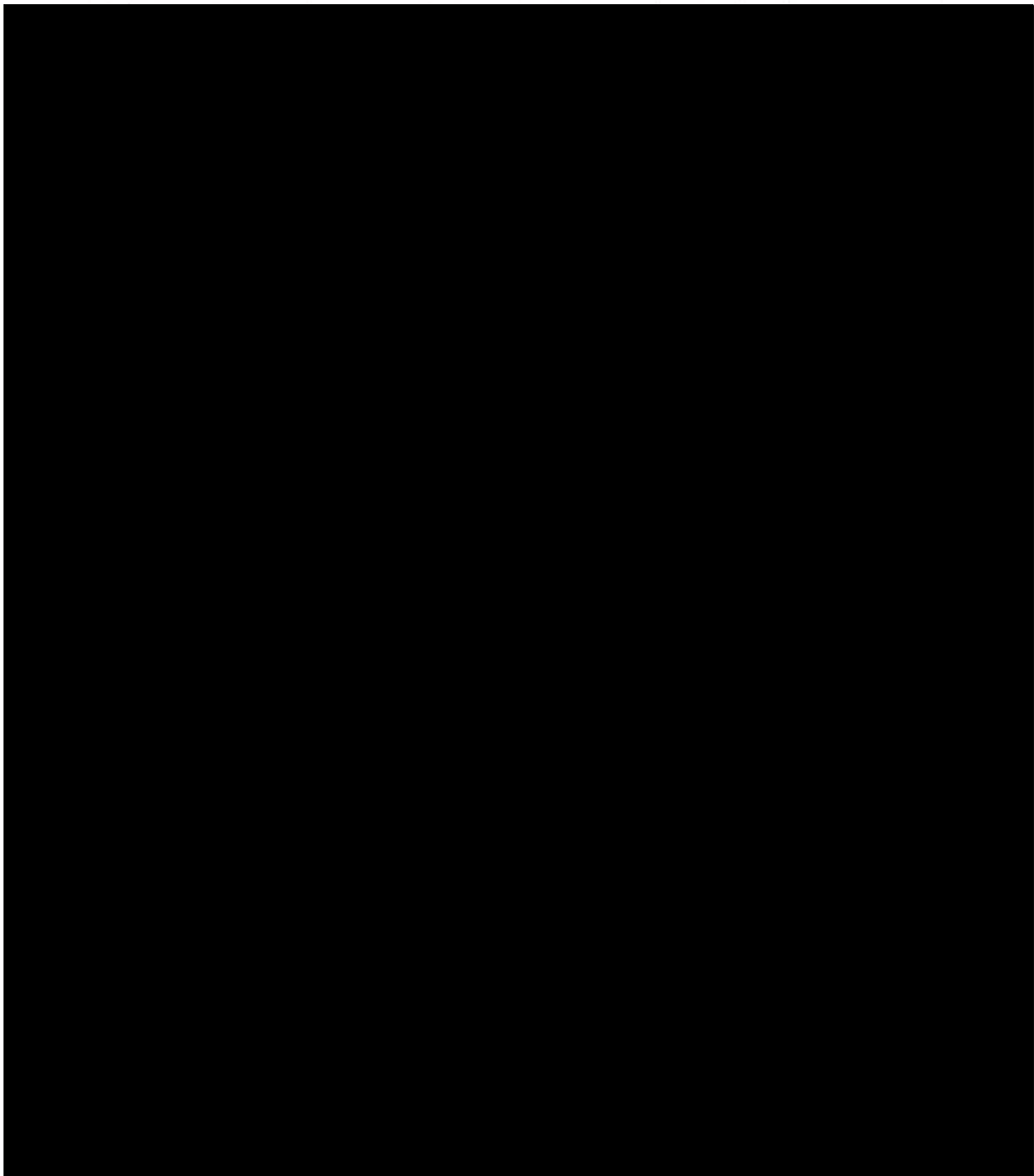




MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary



DIVISION OF HEALTH IMPROVEMENT

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Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/25/2023
NAME OF PROVIDER OR SUPPLIER MONTECITO SANTA FE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 500 RODEO ROAD SANTA FE, NM 87505		
(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 deficiency was cited during an offsite Revisit/Follow-up survey completed on ██████ 23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults. Resident Census 35.	{A 000}		
{A 068}	7 NMAC 8.2.68 Hospice 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. A. Definitions: in addition to the requirements for 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	{A 068}		

Division of Health Improvement

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

Edgar D. G.

TITLE *Executive Director*

(X6) DATE *10/24/23*

10/10/23

Division of Health Improvement

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{A 068}	Continued From page 1 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 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	{A 068}		

Division of Health Improvement

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{A 068}	Continued From page 2 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 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.	{A 068}		

Division of Health Improvement

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{A 068}	Continued From page 3 (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 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	{A 068}		

Division of Health Improvement

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{A 068}	Continued From page 4 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 immediate danger to the resident the appropriate authority shall be notified. E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements: (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; (2) private visiting space: (a) physical space for private family visits; (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident 's death. 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. [7.8.2.68 NMAC - N, 01/15/2010]	{A 068}			

Division of Health Improvement

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{A 068}	Continued From page 5 This REQUIREMENT is not met as evidenced by: 7.8.2.68 B (1) This is an uncorrected deficiency for survey dated [REDACTED] 23. Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) had completed a minimum of six (6) hours per year of palliative/hospice care training. This deficient practice could likely result in the [REDACTED] residents identified as receiving hospice care on the resident census list provided by the Administrator [REDACTED] 23, to be at risk of harm or injury if DCS have not received training on the proper methods of providing care and services. The findings are: A. Record review of DCS #2's file (hire date: [REDACTED] 22) revealed no documentation of 6-hour palliative/hospice care training. B. Record review of DCS #4's file (hire date: [REDACTED] 22) revealed no documentation of 6-hour palliative/hospice care training. C. Record review of DCS #5's file (hire date: [REDACTED] 22) revealed no documentation of 6-hour palliative/hospice care training. D. On [REDACTED] /23 at 2:10 pm, during an interview, the Administrator confirmed there was no documentation of DCS completing the required 6 hours of annual palliative/hospice care training for DCS #s 2, 4-5.	{A 068}	Community compliance with hospice 7 NMAC 8.2.68 Hospice The Community will document and ensure that the Direct Care Staff has completed a minimum of six (6) hours per year of palliative/hospice care training. The Community will ensure copies of employee training certificates that give evidence of successful completion of any applicable course(s) will be kept on site in the employee files. Employee personnel records and documentation of proper hospice training will be maintained on-site by the Human Resources Director to ensure ongoing compliance.	[REDACTED] 2023

Course List

Course Owner	Course ID	Course Code	Course Name	Course Description	Credit Hours
Relias Learning	1119384	REL-PAC-0-CHLTC	Coordination of Hospice in LTC	This course describes the hospice philosophy, goals of long-term care, and best practices in care coordination between hospice agencies and long-term care facilities. Care coordination requires not only an understanding of regulations but how hospice can help align a facility's goals with a resident's wishes. You will learn about the focus and benefits of hospice care, contract requirements mandated by CMS, and other elements of care coordination for hospice in long-term care. The goal of this course is to provide nurses in hospice and long-term care facilities with knowledge of how to deliver hospice care in a long-term care setting.	1
Relias Learning	1233016	REL-PAC-0-HOSCS	Hospice Coordination of Services	Hospice care coordination involves organizing individual care activities to provide fast, effective delivery of services. Federal regulations pertaining to hospice agencies have specific guidelines regarding the interdisciplinary team, the plan of care, and care coordination. This course discusses the Federal regulations and how hospice team members apply these regulations to everyday practice. It also discusses the required elements of care coordination. Without this information, professionals can fail to meet compliance guidelines that may impact quality of care.	1.25
Relias Learning	1257924	REL-PAC-0-HLTCMSPC	Hospice in LTC: Managing Symptoms and Promoting Comfort	A key goal of hospice is to control pain and manage symptoms at the end-of-life. Both symptom management and pain control are often undermanaged for residents nearing end-of-life in long-term care (LTC) facilities. Controlling symptoms and providing compassionate care at the end-of-life are essential in promoting a comfortable death. This course discusses the importance of managing end-of-life symptoms in LTC residents. It also discusses the collaboration needed between LTC facility staff and hospice professionals to achieve this goal.	1

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Relias Learning	1152214	REL-PAC-0-HL TCPC	Hospice in LTC: Philosophy of Care	Hospice services for residents of long-term care provide needed support to residents near end of life. However, the hospice benefit is complicated to deliver in long-term care settings. This course covers the history of hospice, the hospice philosophy and model of care, and the differences between hospice and palliative care. How the hospice and long-term care models work together to support an individualized plan of care will be explored. This includes how hospice in long-term care aims to meet the physical, spiritual, psychosocial, and emotional needs of residents and families. This course also presents information on the dying process, grief, and bereavement. Appropriate hospice referrals will be considered. The goal of this course is to provide nurses in post-acute care with knowledge of how hospice complements long-term care. IMPORTANT NOTE: If you are an LPN/LVN taking this course, it is important to remember that assessment is beyond the scope of an LPN/LVN license, although data collection is allowed. In this course, the use of any form of the term assess also refers to the collection of data.	1
Relias Learning	1144652	REL-PAC-0-INTROH	Introduction to Hospice	Hospice is a type of care that improves the quality of life for people near end of life. Both the person who is ill and their family benefit from hospice. Hospice care does not cure disease but helps the person to have a dignified death. In hospice, the person receives palliative care, which includes treatment of pain and symptoms as well as spiritual and emotional support. A person using hospice and their family receive additional benefits which are not part of palliative care services. The goal of this course is to provide non-licensed direct care staff with knowledge of hospice services.	0.5
Relias Learning	1375173	REL-PAC-0-MSEOL	Managing Symptoms at the End of Life	Many physical, emotional, and spiritual challenges occur at the end of life. Often, family and other caregivers have little experience with the dying process. Assisting caregivers by teaching them what to expect and how to recognize the common end-of-life signs and symptoms will better prepare them to provide care. Hospice professionals guide patients and caregivers through this process and provide specific services at the time of death, as well as support the family after death.	1

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Relias Learning	456563	REL-HOS-0-OHC	Orienting to Hospice Care	There are many nuances specific to the world of hospice care that are probably unknown to most people. Hospice care includes preventing and relieving suffering, treating anguishing symptoms, offering spiritual connection, providing psychological support, creating a support system for daily life, and managing pain. It is delivered to individuals who face serious, complex, and life-threatening illness and symptoms as they near the end of their life. In this course, you will learn about hospice care philosophies and services and your role as a member of the hospice care team so that you may serve those you care for competently and with confidence.	0.5
Relias Learning	432136	REL-HOS-0-PPRH	Protecting Patient Rights in Hospice	As a hospice worker or volunteer, you have the ethical and legal responsibility to protect the rights of individuals under the care of the hospice organization you represent. In this course, you will learn about the rights individuals have and ways you can protect these rights.	1
Relias Learning	479194	REL-PAL-0-IGOTWS	The Impact of Grief: Ours and Those We Serve	Everyone working in hospice and palliative care encounters grief on a daily basis, and knowing how to support those who are grieving is an important skill. This presentation provides an overview on grief including how to recognize manifestations of grief in yourself and others. You will learn important skills and ways to support those who are grieving.	0.75

