Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4032	A. BUILDING: _____ B. WING _____	R-C 02/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY AT SANTA FE	3 AVENIDA ALDEA SANTA FE, NM 87507

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{A 000}	Initial Comments The following deficiencies were cited during a Revisit/Follow-up survey completed on 02/25/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
{A 020}	7 NMAC 8.2.20 Admissions and Discharge 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. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the	{A 020}	(A 020) The admission agreement includes all of the information noted and required in 7NMAC 8.2.20 *Admissions and Discharge*. (Resident Agreement attached). I have also included the Resident Handbook which includes the information required.	

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{A 020}	Continued From page 1 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 continuous nursing care may include but are not limited to the following: (1) ventilator dependency;	{A 020}		

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{A 020}	Continued From page 2 (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 writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:	{A 020}		

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{A 020}	Continued From page 3 (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; (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); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (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. (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. [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 This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (14) C This is an uncorrected deficiency from survey dated 06/20/18. Based on record review and interview the facility failed to ensure for 1 (R #1) of 1 (R #1) residents whose Admission Agreement was reviewed for compliance that the agreement included: 1. Information and evidence of staff speciality training when providing specialized (memory care unit) services. 2. Team meetings were convened prior to admitting and or retaining residents receiving hospice services from an outside agency. This deficient practice has the potential for: 1. Residents/families/legal representatives to not know what speciality training the staff who care for residents with dementia/memory loss in the Memory Care Unit should have. 2. Not receiving the higher level of care/services needed if a team meeting is not convened to determine that the facility is able to provide/meet the residents needs. The findings are: A. Record review of the Admission Agreement for R #1 (dated 05/01/18) revealed that the agreement did not include the information and evidence of staff speciality training when providing specialized (memory care unit) services. B. Record review of R #1's progress notes dated 01/30/19 revealed that the team meeting was not convened until 01/29/19, and not prior to the resident being admitted to hospice on 01/23/19.	{A 020}	(A 020) All staff are required to complete on-line training upon employment and prior to supervised training with residents. The content is as follows: Alzheimer's Disease and Related Disorders: Behavior and ADL Management 1. Activities of Daily Living A. What are ADL's B. Functioning ability by stage C. General Guidelines D. Hand under hand technique E. Person-Centered Approach F. Responding to resistance G. Bathing H. Independence in bathing I. Dressing J. Clothing K. Grooming L. Eating M. Toileting 2. Behavioral Symptoms A. Types of behaviors B. Understanding the meaning of behaviors C. Problem solving approach D. Plan of Care E. What can you do? F. Addressing behavioral triggers G. Communication strategies H. Rummaging and Hoarding I. Wandering J. The 3 A's K. Dealing with Confusion L. Inappropriate sexual behaviors M. Restraints are not the answer N. Caregiver Stress O. Meet Alice P. Summary	

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{A 020}	Continued From page 5 C. On 02/20/19 at 12:34 pm, during an interview with the Administrator, she confirmed that the Admission Agreement for R #1 did not include the facility's information and evidence of staff speciality training when providing specialized (memory care unit) services and that the team meeting for R #1 was not convened until 01/29/19 and not prior to the resident being admitted to hospice on 01/23/19.	{A 020}	(A 020 (con't) Staff receive certificates from the completed on-line learning courses. The on-line courses are required annually. The Relias training courses are and have been in place for all employees. In addition, each employee will be going through [redacted] 12-hour video courses on working with Dementia. This has been put into place as of March 18, 2019, and shall be incorporated into the employee's scheduled time to be completed by June 30, 2019	
{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	{A 068}	Effective immediately, March 18, 2019, as new resident agreements are reviewed and signed by the new resident, family or their surrogate decision maker, and the Executive Director, all training curriculum will be provided and discussed in detail. Plan of correction for residents receiving hospice care. Upon referral from physician, family, or surrogate decision maker to seek hospice care for the resident. The community will provide to the parties listed above information of all hospice agencies in the surrounding area. Once the family or surrogate decision maker selects their choice, the agency will be called by the family or surrogate decision maker to request their services, the Executive Director and the Health and Wellness Director of the Community will communicate with the hospice agency that upon acceptance as a hospice patient, prior to services being started the Admissions Coordinator, Social Worker, and whomever else the hospice agency chooses shall meet to discuss the services that will be provided by the hospice agency and the assisted living community. The ISP will be detailed and signed by all parties including the family or surrogate decision maker.	

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{A 068}	Continued From page 6 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 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	{A 068}		

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{A 068}	Continued From page 7 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 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	{A 068}	(A 068)Plan of correction for residents receiving hospice care. Upon referral from physician, family, or surrogate decision maker to seek hospice care for the resident. The community will provide to the parties listed above information of all hospice agencies in the surrounding area. Once the family or surrogate decision maker selects their choice, the agency will be called by the family or surrogate decision maker to request their services, the Executive Director and the Health and Wellness Director of the Community will communicate with the hospice agency that upon acceptance as a hospice patient, prior to services being started the Admissions Coordinator, Social Worker, and whomever else the hospice agency chooses shall meet to discuss the services that will be provided by the hospice agency and the assisted living community. The ISP will be detailed and signed by all parties including the family or surrogate decision maker. The Health and Wellness Director and Resident Services Coordinator will meet with all care staff and medication technicians and go over the detailed ISP prior to services starting.	

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{A 068}	Continued From page 8 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 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.	{A 068}	(A 068) Plan of correction for residents receiving hospice care. Upon referral from physician, family, or surrogate decision maker to seek hospice care for the resident. The community will provide to the parties listed above information of all hospice agencies in the surrounding area. Once the family or surrogate decision maker selects their choice, the agency will be called by the family or surrogate decision maker to request their services, the Executive Director and the Health and Wellness Director of the Community will communicate with the hospice agency that upon acceptance as a hospice patient, prior to services being started the Admissions Coordinator, Social Worker, and whomever else the hospice agency chooses shall meet to discuss the services that will be provided by the hospice agency and the assisted living community. The ISP will be detailed and signed by all parties including the family or surrogate decision maker. The Health and Wellness Director and Resident Services Coordinator will meet with all care staff and medication technicians and go over the detailed ISP prior to services starting. The Health and Wellness Director or Executive Director will communicate both verbally after each visit to the resident with the hospice agency. Written documentation will be placed in the residents file and will be reviewed with care team and med tech's for any changes in service.	

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{A 068}	Continued From page 9 (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 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	{A 068}	(A 068) The Health and Wellness Director or Executive Director will communicate both verbally after each visit to the resident with the hospice agency. Written documentation will be placed in the residents file and will be reviewed with care team and med tech's for any changes in service	

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{A 068}	Continued From page 10 because the facility will not qualify for payment by medicare or medicaid. [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.68 D (2) This is an uncorrected deficiency from survey dated 06/20/18 Based on record review and interview the facility failed to ensure for 1 (R #1) of 1 (R #1) resident receiving hospice services, that a team meeting was convened prior to admitting / retaining residents receiving hospice services from an outside agency. This deficient practice has the potential for residents receiving hospice services to not receive the higher level of care and services they need. The findings are: A. Record review of R #1's progress notes dated 01/30/19 revealed that the team meeting was not held until 01/29/19 and not prior to resident being admitted to hospice on 01/23/19. B. On 02/20/19 at 2:38 pm during an interview with the Administrator, she confirmed that the team meeting for R #1 was not held until 01/29/19 and not prior to resident being admitted to hospice on 01/23/19.	{A 068}		