Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1st Original	5686	A. BUILDING _____ B. WING _____	01/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

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A23	7 NMAC 8.2.23 Fac, reports, Recs., P & RS & Rules 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills. (7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural	A23	Scanned 2/20/09 JU	

Judy Sigler — TITLE DIRECTOR — (X6) DATE 2-17-09

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

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A23	Continued From page 1 disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal precautions and linen handling). (h) Resident rights. (i) Providing Quality Resident care based on current resident need. (j) Reporting requirements for Abuse, Neglect or Exploitation. (12) A copy of License. (13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions. (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure.	A23		

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A23	Continued From page 2 B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following: (1) The use of tobacco and alcohol. (2) The use of the telephone. (3) Operation of television, radio, and stereo. (5) Use and safekeeping of personal property. (6) Meals. (7) Use of common areas. (8) Electric blankets or appliances used by residents. C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas: (1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...). (2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets). (3) The handling or resident's funds, if the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation. (5) Handling of complaints. (6) Staff and resident fire and safety training. (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records. (12) Program Narrative. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make	A23		

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A23	Continued From page 3 advance directives. (14) Personnel policies. (15) Identifying and safeguarding resident possessions. (16) Securing medical assistance if a resident's own physician is not available. (17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers. (18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles. (19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.23 A. (3) (h) A medication record: . . . documenting by . . . date . . . documentation of errors, omissions . . . Written consent . . . Based on record review and interview the facility failed to have the month and year on 1 of 5 residents' Medication Administration Records (MAR's). (R4) The findings are: A) Record review of resident R4's chart on 1/27/09 revealed four pages of MARs with no month or year on the pages anywhere. B) In an interview with the administrator on 1/27/09 at 4:35 p m, the administrator acknowledged there were four pages of MAR's	A23		

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A23	Continued From page 4 for resident R4 with no month or year on the pages anywhere. Based on record review and interview the facility failed to document reasons for omissions of medication administration for 4 of 5 residents' records. (R1, R2, R3, & R4) The findings are: A) Record review on 1/27/09 of the November, 2008 MAR for resident R1 revealed Codeine Sulfate 30 mg 1/2 tab PO QD [orally, 1 time a day]. The initialed entries for the dates of November 1 through 11, 2008 were circled to signify the medication was not given. There were no notes as to why the medication was not given for the dates of November 2, 6, 8, 9, 10, or 11. B) In an interview with staff S1 on 1/27/09 at 9:05 a m, staff S1 acknowledged there were no notes as to why the Codeine Sulfate was not given to resident R1 for the dates of November 2, 6, 8, 9, 10, or 11. C) Record review on 1/27/09 of the November, 2008 MAR for resident R2 revealed Lactulose 30 ml PO evening at 1800 [orally at 6:00 p m]. The initialed entries for the dates of November 3 through 8, 11, 12, 17 through 19, 21 through 26, 28, and 29, were circled to signify the medication was not given. There were no notes as to why the Lactulose was not given for the dates of November 6, 7, 8, 11, 12, 17 through 19, 21, 22, and 23. There were no entries in the spaces for November 27 and 28. D) Record review on 1/27/09 of the December, 2008 MAR for resident R2 revealed Lactulose 30 ml PO evening at 1800 [orally at 6:00 p m]. The initialed entries for the dates of December 1, 2, 3,	A23	A23 The Facility nurse will conduct an in-service training to address procedures for documentation on back of MARS to include why medication was not given. Date, time and who was responsible. All med-techs will sign that they have been given this instruction and will follow correct procedures and Med-techs will be subject to disciplinary actions if not followed. 2-12-09 The Director will prepare a check list used to audit resident files. The check list will include a consent to assist with medication. 2-16-09 The director will audit resident files at least once a quarter to ensure documetation is current and complete. 2-29-09 Attached checklist form for audit. Cont.	

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A23	Continued From page 5 5, 6, 8, 9, 16, and 19 through 30 were circled to signify the medication was not given. There were no notes as to why the medication was not given for the dates of December 2, 3, 5, 6, 22, 23, 24 28, 29, and 30. E) In an interview with staff S1 on 1/27/09 at 10:51 a m, staff S1 acknowledged there were no notes on the November, 2008 MAR for resident R2, as to why the Lactulose was not given for the dates of November 6, 7, 8, 11, 12, 17 through 19, 21, 22, and 23 and no entries in the spaces for November 27 and 28. Staff S1 also acknowledged there were no notes as to why the medication was not given for the dates of December 2, 3, 5, 6, 22, 23, 24 28, 29, and 30. F) Record review on 1/27/09 of the November, 2008 MAR for resident R3 revealed no entries to signify any of the medications scheduled for 6:00 p m and 8:00 p m on November 27 or 30 were administered or not administered. The Medications included Kocusate Sodium 100 mg, Tylenol Arthritis 650 mg, Detrol LA 4 mg, Benadryl 25 mg, Lexapro 20 mg, and Risperidone 0.25 mg. G) In an interview with staff S1 on 1/27/09 at 2:00 p m, staff S1 acknowledged there were no entries on the November, 2008 MAR for resident R3 to signify any of the medications scheduled for 6:00 p m and 8:00 p m on November 27 or 30 were administered or not administered to resident R3. H) Record review on 1/27/09 of the November, 2008 MAR for resident R4 revealed no entries to signify any of the medications scheduled for 1700 hours [5:00 p m] were administered or not administered on November 27 or 30. There were	A23	A23 Copy of training documents will be kept in personal file and in addition director will review MAR weekly for completion of documentation. A form is used to verify the weekly review and is kept at a secure location in the facility.	2-12-09

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A23	Continued From page 6 no entries to signify any of the medications scheduled for 2000 hours [8:00 p m] were administered or not administered on November 30. The medications included, Wellbutrin 75 mg, Advair Inhaler, Duo Nebulizer, Bisacod Tab 5 mg, Flomax 0.4 mg, and Levaquin 500 mg. I) In an interview with the administrator on 1/27/09 at 4:35 p m, the administrator acknowledged there were no entries to signify any of the medications scheduled for 1700 hours [5:00 p m] for resident R4 were administered or not administered on November 27 or 30 and there were no entries to signify any of the medications scheduled for 2000 hours [8:00 p m] were administered or not administered on November 30 for resident R4. Based on record review and interview the facility failed to have written consent for staff to assist with medication administration for 1 of 5 residents. (R4) The findings are: A) Review of resident R4's records on 1/27/09 revealed only a blank, unsigned consent for assistance with medications. Both the initial assessment dated 5/14/08 and the bi-annual assessment dated 11/18/08 noted resident R4 was "Unable to administer own medication." Both the initial Individual Service Plan dated 5/14/08 and the bi-annual Individual Service Plan dated 11/18/08 noted resident R4 would receive assistance with medication administration by the facility. B) In an interview with the administrator on 1/28/09 at 9:08 a m, the administrator acknowledged the consent for assistance with medications was not signed by resident R4 or the	A23		

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A23	Continued From page 7 Power of Attorney for resident R4.	A23		
A27	7 NMAC 8.2.27 Individual Services Plan 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.27 B. (2) Written description of what services will be provided. Based on record review and interview the facility failed to have a description of all services on the	A27	A27 The director will add on the checklist "outside services" provided to residents. Outside services are to include therapies, hospice, private care givers, oxygen (medical suppliers). The facility nurse will develop an addendum to ISP will include he following: 1.Description of identified needs as noted in the resident assessment, 2. Written description of what services will be provided. (pt/to/speech therapy/hospice or return to the facility with changes from the hospital). 3. Who will provide the services 4. When or how the services will be provided 5. How the services will be provided 6. Where the services will be provided 7. Goal and outcome of the service 8. Documentation of the facility's determination that it is able to meet the needs of the resident. Cont.	2-27-09

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A27	Continued From page 8 Individual Service Plan (ISP) for 2 of 5 residents. (R4 & R5) The findings are: A) Review of records on 1/27/09 revealed resident R4 is receiving Hospice services, however the ISP did not have anything documented to reference resident R4 is receiving Hospice services. B) Review of records on 1/28/09 revealed resident R5 is receiving Physical Therapy and Speech Therapy, however the ISP did not have anything documented to reference resident R5 is receiving these services. C) In an interview with the administrator on 1/28/09 at 10:20 a m, the administrator acknowledged that the Hospice Services were not documented on the ISP for resident R4 and the Therapy services were not documented on the ISP for resident R5.	A27	A27 Director and facility nurse will review ISP as doctors orders are received and implemented for the resident. 2-25-09	
A36	7 NMAC 8.2.36 Medications 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved	A36		

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A36	Continued From page 9 assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or	A36	A36 Prior to Monthly MAR implementation, director and Facility nurse will review the pre-admissions packet to ensure the physical order matches the medication. (frequency, changes and doses) 2-27-09 Facility nurse will have a signature that the MAR has been reviewed. Any errors noted will be addressed and changed based on P.O. with director.	

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A36	Continued From page 10 more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.36 C. No medication . . . started, changed, or discontinued . . . Based on record review and interview the facility failed to follow physicians' orders for dosage for 2 of 5 residents. (R3 & R4) The findings are: A) Record review on 1/27/09 of the December, 2008 MAR for resident R3 revealed Resperidone 0.25. mg [1 tab 3 times a week]. The initialed	A36	A36 Pre-admission to the facility, the facility nurse will review physicians orders and medications to ensure the order and the MAR mirror the medications to ensure residents health and safety need are not compromised 2-23-09 The MARS will reflect the 1. residents name 2. Date started 3. Drug product name 4. Dosage and form 5. Strenght of drug 6. Route of administration (e.g. "by mouth") 7. How often medication is to be taken 8. Time taken and staff initials 9. Dates when medication is to be discontinued or changed 10. The name and initials of all staff administering medications. Included on the Mars Medications will be marked with an **X** when medication is not prescribed to be taken.	

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A36	Continued From page 11 entries signifying the medication was administered once everyday from December 1 through 10. Physician's orders dated November 19, 2008 revealed, "Risperdal 0.25 mg [1 tab orally at bedtime] Mon, Wed, Fri. B) Review of the "Drug Information Handbook for Nursing, 2007,"on 1/27/09 revealed the following: Resperidone U. S. Brand Names: Risperdal . . . Pharmacologic Category: Antipsychotic Agent . . . C) In an interview with the administrator on 1/27/09 at 3:16 p m, the administrator acknowledged the Risperdal for resident R3 was not administered according to the Physician's orders. D) Record review on 1/27/09 of the November, 2008 MAR for resident R4 revealed, "Coumadin 5 mg 1 tab PO [orally] QD [1 time a day] except Thursday 1700 hours [5:00 p m]." Entries on the MAR revealed the medication was held on Wednesday November 12 and administered on Thursday, November 13. There was no entry to signify the Coumadin 5 mg was administered or not administered on Sunday, November 30. E) Record review on 1/27/09 of the November, 2008 MAR for resident R4 revealed, "Coumadin 2.5 mg 1 tab PO [orally] QD [1 time a day] only Thursday 1700 hours [5:00 p m]." There were no entries for month of November, 2008 to signify the Coumadin 2.5 mg was administered on Thursdays or any other days. F) In an interview with the administrator on 1/27/09 at 4:35 p m, the administrator acknowledged the facility did not follow the	A36	The Facility nurse will conduct an in-service training to address procedures for documentation on back of MARS to include why medication was not given. Date, time and who was responsible. All med-techs will sign that they have been given this instruction and will follow correct procedures and Med-techs will be subject to disciplinary actions if not followed. Copy of training documents will be kept in personal file and in addition director will review MAR weekly for completion of documentation.	2-12-09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5686	A. BUILDING _____ B. WING _____	01/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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
A36	Continued From page 12 Physician's orders for the administration of Coumadin for resident R4.	A36		