PRINTED: 03/08/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NM2139	A. BUILDING ______ B. WING ______	03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE ROSE'S BOARD AND CARE HOME	4917 REGINA CIRCLE NW ALBUQUERQUE, NM 87105

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A26	7 NMAC 8.2.26 RESIDENT ASSESSMENT 7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be prepared for residents requiring nursing services.	A26	EE Scanned 03-30-10 RECEIVED MAR 31 2010 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ethel Elizer [signature] | TITLE: Director | (X6) DATE: 3.29.2010

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A26	Continued From Page 1 [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This Requirement is not met as evidenced by: 7.8.2.26 - Resident Assessment Based on record review and interview, the facility failed to ensure that current resident assessments with the required information was on file for 100% of sampled residents (Resident #1 and Resident #2). The findings are: A. On 3/2/2010 at 3:58 PM, during review of the resident's records, it was noted that a current resident assessment was not done for Resident #1 or Resident #2.. The last dated assessment for Resident #1 was 6/2009 and Resident #2 had no assessment on file. B. On 3/2/2010 at 3:58 PM, during interview with the Administrator, she stated that the assessment was not current for Resident #1 and not available for Resident #2.	A26	Nursefinders had been out on 2.9.10 for both ladies. They had not given me copies of Assessment I called march 3rd. They faxed over the assessment right away. Resident 1 and 2 now have Assesment on file. The Company Nurse finder and Little Roses will comment to getting paper work documented and placed in proper file in a proficient time. Copy of proof that Nursefinder were here on 2.9.10 is attached	
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE 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	A27		

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NAME OF PROVIDER OR SUPPLIER: LITTLE ROSE'S BOARD AND CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE: 4917 REGINA CIRCLE NW ALBUQUERQUE, NM 87105		

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A27	Continued From Page 2 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: Refers to NMAC 7.8.2.27.A - Service Plan Update Based on record review and interview, the facility failed to ensure that a current resident service plan with the required information was on file for 100% of sampled residents (Resident #1 and Resident #2) . The findings are: A. On 3/2/2010 at 3:58 PM, during review of the resident's records, it was noted that a current resident service plan was not done for Resident #1 and Resident #2 had no service plan on file. The last dated service plan for this resident was 6/2009. B. On 3/2/2010 at 3:58 PM, during interview with the Administrator, she stated that the service plan was not current for Resident #1 and not available for Resident #2.	A27		

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A35	Continued From Page 3	A35		
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these *regulations who supervises the administration*, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. *PROCUREMENT, LABELING, AND* STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents'	A35		

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A35	Continued From Page 4 names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (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 must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is 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. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This Requirement is not met as evidenced by: Refer to 7.8.2.35(b)(1) - Quarterly Medication Review by the Consultant Pharmacist	A35		

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A35	Continued From Page 5 Based on record review and interview, the facility failed to ensure that a consultant pharmacist reviewed the medication regimen at *least quarterly. The findings are:* A. On 3/2/2010, during review of the administrative records, there was documentation of only one visits by a consultant pharmacist (dated 10/09) during the last 12 month span. *B. On 3/2/2010 at 4:00 PM, during interview* with the Owner, she acknowledged that the consultant pharmacist had not done the medication regimen review on a quarterly basis.	A35	3.11.10 Consulting Pharmasist came in for review copy will be attached. I (Esther Elizondo) will do a better job at requesting my Consulting Pharmasit to do reviews every 3 months.	
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from	A45		

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A45	Continued From Page 6 flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This Requirement is not met as evidenced by: This is a repeat deficiency from survey dated 1/7/2009. Refer to 7.8.2.45(A) - Fuel-Fire Heating System Inspection Based on record review and interview, the facility failed to have documentation of annual fuel fire heating system inspection. The findings are:	A45		

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A45	Continued From Page 7 A. On 3/2/2010 during review of the administrative files, no documentation of a fuel fire heating system inspection was found. B. On 3/2/2010 at 3:45 PM during interview with the Owner, she stated that she did not have any paperwork on current annual fuel fire heating inspection.	A45	Furnaces were Checked on 3.2.2010 Staff called FS Plumbing They came out immediatly. Staff will mark calender for upcoming events that need attention. Copy attached.	

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