Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2073	A. BUILDING _____ B. WING _____	12/17/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS OF THE LIVING TREASURE	10405 THERESA PLACE NE ALBUQUERQUE, NM 87111

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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	A26	Assessment was in nu Sos notes but had not been transferred to assessment form. Assessment was completed 12/14/09 Facility was make sure that paper work will be completed upon admission by the nurse in charge, facility will make that charts are reviewed by another staff member for competion of paper work date completed 12/14/09 ES Scanned 01-2010	

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A26	Continued From page 1 prepared for residents requiring nursing services. [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 (A) Based on record review and interview the facility failed to complete the resident assessment documents in the resident records for 1 of 3 residents (R#3). The findings are: A. During review of resident charts on 01/14/09, it was noted that R#3 with admission date of 11/25/09 did not have a current assessment. B. During interview with the adminstrator on 01/14/09 at 1:00 PM, he confirmed that the assessment for R#3 had not been done.	A26		
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.	A27	Individual Service plan was in nurses notes, but had not been transferred to form required. Individual Service Plan was transferred to appropiate form and placed in patients file 12/17/09 Facility will make Sure that all paper work will be completed upon admission by the nurse in charge.	

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A27	Continued From page 2 (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: 7.8.2.27 Based on record review and interview, the facility failed to ensure that an individual service plan was in place for 1 of 3 residents, (R#3). The findings are: A. During record review, on 12/14/09 it was noted that resident R#3 with admission date of 11/25/09, did not have a current completed individual service plan. B. During interview with the administrator, on 12/14/09 at 1:30 PM he acknowledged that the individual service plan was not done.	A27	facility will make that charts are reviewed by another staff member for completion of paper work date completed 12/17/09	
A63	7 NMAC 8.2.63 Staff & Resident Fire & SafetyTraining 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire	A63	Fire drill book was not avaible on date of Survey. Office had been moved to a temprary Location pending construction	

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A63	Continued From page 3 prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced	A63	Fire drill book was Located and returned to facility. This will ensure that upon another Survay book will be Availble for inspection. Facility will insure that the fire Drill book in placed with other documents for easy Viewing. Date completed 12/17/09	

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A63	Continued From page 4 by: Refer to 7.8.2.63 D. - Fire Drills Based on record review and interview, the facility failed to ensure that fire drills were conducted monthly. The findings are: A. On 12/14/09 during review of the facility fire drills, it was noted that no fire drills were conducted for the following months April 2009, May 209, June 2009, July 2009, August 2009, September 2009, October 2009, November 2009, and December 2009. No other documentation of fire drills were available. B. On 12/14/09 during interview with the administrator at 1:00 PM,he confirmed that the fire drills were not done on a monthly basis.	A63		
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.1.12 8(a) Employee Abuse	A66	Facility will upon hiring of new employee's Look up and printout facility checked employee abuse registry. Copy of printout with date check will remain in employee's permanent file.	

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A66	Continued From page 5 Registry (Effective January 1,2006)-Care Provider requirement to inquire of registry whether the individual under consideration for employment is listed on the registry. Based on record review and interview the facility failed to maintain documentation that the Employee Abuse Registry was checked in accordance with NMAC 7.1.12 (effective January 1, 2006) for 3 0f 3 sampled staff records. (S#1,S#2, and S#3,). The findings are: A. During review of the employee files on 12/14/09, it was noted that S#1,S#2,and S#3 did not have on file documentation of a search of the Employee Abuse Registry using the individual's identifying information. B. During an interview on 12/14/09 at 1:45 PM with the administrator ,he acknowledged that the Employee Abuse Registry search was not done for S#1,S#2, and S#3.	A66	By making a copy of the registry with date check will ensure the safety of residents facility will make that, that Charts are reviewed by another Staff member for Completion of papermark date completed January 13 2010	