Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2102	A. BUILDING: _____ B. WING _____	C 10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW VISION SANTA FE	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 A complaint survey was conducted on 10/10/13 for NM28932 with an unannounced visit to the facility. The complaint was Not Substantiated but a related deficiency was cited per Assisted Living State Regulations.	A 000	Scanned 02-24-14 J.O.	
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to 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) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident;	A 026	RECEIVED FEB 17 2014 HEALTH FACILITY LICENSURE	

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Roman V Chavez — Administrator — 2/17/14

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A 026	Continued From page 1 (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.27 NMAC, 01/15/2010]	A 026		
	This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to re-evaluate and update the Individualized Service Plan (ISP) for 1 (R #8) resident of 4 (R #1, #2, #4 & #8) residents reviewed for falls and new interventions. This deficient practice had the potential to cause harm to resident due to history of falls and potential for injury. The findings are:	A026-A	Clarification– the ISP had been updated however was not signed by POA thus the reason it was not in the file at time of review. POA signed on 10-11-2013. Please find attached a copy of the updated ISP done 10-1-2013.	10-11-13
	A. On 10/10/13 at 11:00am, during interview, Registered Nurse (RN) Staff #1 acknowledged that the last asessment done for resident #8 was on 03/01/13. He further acknowledged that he has not done one since then. "The resident is due for one now. After resident's 3 falls he did get a lower bed and physical therapy, but the grab bar was not installed in his room until May or June. Because of his diagnosis of mulitple sclerosis, on bad days, he can be a 2 person assist. After the grab bar was installed, there were no more falls." B. On 10/10/13 at 11:05am, during interview, Staff #1 stated that Resident #8 is a 2 person transfer. C. Record review of the facilities incident reports	A026-A A026-B, C, D	Member has had a total of six un-witnessed falls year to date as he attempts to transfer himself without assistance and calls when unsuccessful and on the floor. Falls as well as 2 person assist transfer at times a 2 person lift addressed with POA, Dr.'s order for PT obtained, PT recommended lowering Residents bed, installing a floor to ceiling grab bar to assist with transfers. Both recommendations were completed, and staff, family and private caregiver were trained in proper use of grab bar by PT. PT continued working with Resident in attempt to strengthen Resident to assist with transfers without success due to Residents progressive medical condition.	10-11-13 4-24-13 5-30-13

Thomas V Vigario Administrator 2/14/14

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A 026	Continued From page 2 shows that Resident #8 had a fall on 03/02/13, 03/10/13, 03/12/13, 03/14/13, 04/26/13, and 05/15/13, all with no injury. D. Review of Resident #8's Individual Service Plan (ISP) did not contain the use of a grab bar or physical therapy interventions, nor were falls updated.	A 026 A026-B, C, D	(Continued from previous page) Resident continued with inability to assist with transfers and required 2 person transfer and often required a 2-3 person lift. Due to his progressive medical condition and potential for injury to self or others, met with and discussed with POA the potential for injury to self or others (staff), the need for a higher level of care than we can provide and reason we cannot use mechanical lift here (state regulation for AL), so it was recommended he transfer to a facility that could meet his needs and where a lift could be used to transfer him safely. Family/POA asked for an additional 30 days to move him after the holidays. 1-1-2014 POA chose to transfer him to independent living with a live in caregiver and purchased a lift. Less than a month later it remained difficult for resident and caregiver so he was moved again to another facility.	1-1-2014

Thomas V Vicario Administrator 2/17/14