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	5772	A. BUILDING _____ B. WING _____	07/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADOBE ASSISTED LIVING #1 (THE)	1111 E MOUNTAIN LAS CRUCES, NM 88001

(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
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein.	A19	Scanned 7-21-09	

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HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ronda Ellis — TITLE: Director — (X6) DATE: 7/16/09

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A19	Continued From page 1 (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others. (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: 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 to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs	A19		

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A19	Continued From page 2 and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.19 C. ADMISSION/RETENTION EXCEPTIONS: 1. Convene a team . . . Based on record review and interview the facility failed to convene a team to determine if retention of a resident was appropriate for 1 of 2 residents receiving Hospice services (R3). The findings are: A. Record review on 7/6/09 revealed the following: 1. Resident R3 was admitted to the facility on 11/5/08.	A19	A 19 A Team Meeting will be conducted for every Resident prior to being Admitted to Hospice. The team will consist of The facility Director, Hospice Representative, Family member and Resident advocate. The team will jointly determine if the resident should admitted or allowed to remain in the facility. An Individual Service Plan will be developed to meet the needs of the resident and be approved by the team. The team approval will be in writing, signed and dated. The documentation will remain in the resident chart and will not be removed when the charts are purged. A line will be added to the monthly chart audit completed by the director to indicate that all retention information remains in the chart.	7/31/09

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A19	Continued From page 3 2. Resident R3 was admitted to Hospice on 12/31/08. 3. There was no documentation of a team meeting for determining if resident R3 should remain at the facility. B. In an interview with the administrator on 7/7/09 at 4:12 p m, the administrator acknowledged there was no documentation of a team meeting for resident R3.	A19		
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.43 B. The building . . . must be maintained in safe, sanitary, and presentable	A43		

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A43	Continued From page 4 condition at all times. Based on observation and interview the facility failed to maintain the building in a presentable condition at all times. The findings are: A. Tour of the facility on 7/6/09 at 4:07 p m, revealed a picnic table and benches in the courtyard with loose boards, splinters, and nails protruding from the table. B. Tour of the facility on 7/9/09 at 1:30 p m, revealed the door and door frame to the mechanical room in building 3 were broken and need replaced. The mechanical room houses 2 gas fired hot water heaters and 1 gas fired furnace B. In the exit interview with the administrator on 7/9/09 at 1:30 p m, the administrator acknowledged the picnic table and benches need repairs and acknowledged the door and door frame to the mechanical room in building 3 were broken and need replaced.	A43	A 43 A&B A maintenance request has been submitted for repairs to be made to the picnic table and benches and the door to be replaced to the mechanical room. All repairs have been completed and the Director will continue to monitor the building at least monthly for any repairs that may need to be done and submit a maintenance request when needed.	7/9/09 7/14/09
A44	7 NMAC 8.2.44 Hazardous Areas 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection.	A44		

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A44	Continued From page 5 (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64. 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.44 A. Hazardous areas as defined per NFPA 101 (Life Safety Code) (1) Enclosure of at least one hour fire rating . . . Based on observation and interview, the facility's practice failed to assure hazardous areas are separated by a fire resistive rating of not less than one-hour. In the event of a fire this practice has the potential to affect all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are: A. Tour of the facility on 7/9/09 at 1:30 p m, revealed the mechanical room in building 3 that houses 2 gas fired hot water heaters and 1 gas fired furnace had several pipe penetrations through the wall and ceiling that are not sealed. There is also a window in the south wall, which	A44		

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A44	Continued From page 6 abuts with a bathroom. B. In the exit interview with the administrator on 7/9/09 at 1:30 p m, the administrator acknowledged the mechanical room in building 3 is not sealed where the pipes penetrate through the walls and acknowledged the window is in a wall abutting with a bathroom.	A44	A44 A&B A maintenance request has been Submitted to have all pipes and the Window sealed in the mechanical Room. Maintenance has sealed all areas in the mechanical room. Director will monitor the building at least monthly for any repairs that may need to be done and submit a maintenance request when needed.	7/9/09 7/15/09