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 _____	C 08/09/2011

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

(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 investigation was completed for intake #NM00028090 for NMAC 7.8.2 regulations governing Assisted Living facilities. The Complaint was Substantiated.	A 000	Scanned 07-13-12 J.D.	
A 013	7 NMAC 8.2.13 Grounds for Revocatio, Suspension or Denial GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF INITIAL OR RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the licensing authority determines that an application for the renewal of a license will be denied or that a license will be revoked, the licensing authority shall provide written notification to the facility, the residents and the surrogate decision makers for the residents. B. After notice to the facility and an opportunity for a hearing, the department may deny an initial or renewal application, revoke or suspend the license of a facility or may impose an intermediate sanction and a civil monetary penalty as provided in accordance with the Public Health Act, Section 24-1-5.2 NMSA 1978. C. Grounds for implementing these penalties may be based on the following: (1) failure to comply with any provision of this rule; (2) failure to allow a survey by authorized representatives of the licensing authority; (3) the hiring or retaining of any staff or permitting any private duty attendant or volunteer to work with residents that has a disqualifying conviction under the requirements of the Caregiver's Criminal History Screening Program, 7.1.9 NMAC;	A 013	A 013 Oasis of the Living Treasure is a community residential house, not a lucked unit. Family and hospice was aware of the unlock doors and hard to open gates. Resident was free to enjoy spending time outside for most of the time every day, by family request. Gate was left open by delivery person. Two employees were for five residents at this time. APD and family were involved. Resident was assessed by Facility license staff and hospice notified. No alteration was in resident's health conditions. Involved employees were terminated. There was no reason to hide this situation, and no apparent gain to do so. From now on incident like this will be followed as NM Division of Health Improvement interprets this regulation. Every incident report will be followed by supervisor for accuracy and need for reporting to the state.	Implemented

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JUL 10 2012
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

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A 013	Continued From page 1 (4) the misrepresentation or falsification of any information on the application forms or other documents provided to the licensing authority; (5) repeat violations of this rule; (6) failure to maintain or provide services as required by this rule; (7) exceeding licensed capacity; (8) failure to provide an acceptable plan of correction within the time period established by the licensing authority; (9) failure to correct deficiencies within the time period established by the licensing authority; (10) failure to comply with the incident reporting requirements pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; and (11) failure to pay civil monetary penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. [7.8.2.13 NMAC - Rp, 7.8.2.13 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the licensing authority determines that an application for the renewal of a license will be denied or that a license will be revoked, the licensing authority shall provide written notification to the facility, the residents and the surrogate decision makers for the residents. B. After notice to the facility and an opportunity for a hearing, the department may deny an initial or renewal application, revoke or suspend the license of a facility or may impose an intermediate sanction and a civil monetary	A 013		

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A 013	Continued From page 2 penalty as provided in accordance with the Public Health Act, Section 24-1-5.2 NMSA 1978. C. Grounds for implementing these penalties may be based on the following: (5) repeat violations of this rule; (10) failure to comply with the incident reporting requirements pursuant to Incident Reporting, Intake [7.8.2.13 NMAC - Rp, 7.8.2.13 NMAC, 01/15/2010] Citation A032 of this report Refer to NMAC 7.8.2.32(A)(1) - Reporting of Incidents The facility shall report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. AND Citation A070 of this report is a repeat deficiency from survey dated 01/05/2011 Refer to NMAC 7.1.13.9 (A)(2)(b) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. All community based service providers have a duty to report incidents to the department within a	A 013		

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A 013	Continued From page 3 twenty four hour period including admission to a hospital or the provision of emergency services that results in medical care which is unanticipated. Based on record review and interview, the facility failed to ensure that an incident was reported to the licensing authority as required for 1 (Resident #1) of 5 residents . The findings are: A. New Mexico Department of Health Intake reads that Resident #1 got out of the facility into the street. The oxygen delivery staff left the gate open. Resident wears a bracelet with her husband's name and phone number. The police called her husband and he brought her back to the facility. B. On 08/08/2011 at 1:00 pm during interview with the Administrator, she reported that Resident #1 eloped in July 2011. She reported that during a routine delivery of medical oxygen to the facility, the front gate was left unlatched by the delivery company. Subsequent to the delivery, Resident #1, who was an ambulatory resident with a diagnosis of Alzheimer's Disease, walked out of the facility. C. On 08/09/2011 at 11:30 am during interview with Owner of the facility, he confirmed the elopement and added that staff present at the facility during the elopement were unaware that Resident #1 had been missing for over an hour. D. On 08/09/2011 at 8:55 am during interview with Interviewee #14, son and Power of Attorney for Resident #1, Resident #1 reported that he became aware of the elopement of Resident #1 when police alerted his step-father that Resident	A 013		

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A 013	Continued From page 4 #1 had been found approximately 1 block north of the facility. Apparently Resident #1 attempted to get into the vehicle of a woman whose vehicle was parked. According to Interviewee #14, this woman who had had a mother with Alzheimer's Disease recognized Resident #1's confusion and called police for assistance and provided the resident with a bottle of water. Upon arrival of the authorities, the phone number on a medic alert bracelet was used to contact Resident #1's spouse. Resident #1's spouse returned Resident #1 to the facility himself, subsequent to an EMS evaluation on the scene. Interviewee #14 reported that "the disturbing part was that Resident #1 had been gone for between one and one and a half hours and when her spouse brought her back he found that the facility staff hadn't realized she was gone. I lost confidence in the facility. " E. Review of the New Mexico Department of Health's Central Intake Database on 08/09/11 revealed that this incident was not self-reported by the facility as required.	A 013		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training;	A 017	A 017 Because office is located in different location, at times documents get misplace. We are going to keep personal files in the Assisted Living location. Supervisor will check them for completeness on weekly bases.	Implemented.

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A 017	Continued From page 5 (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have the required staff training for 4 (Staff #9, #10, #11, and #12) of 4 (Staff #9, #10, #11, and #12) (100%) staff records reviewed. This deficient practice has the potential to affect the health and safety of 100% of the facility residents. At the time of survey the facility's	A 017		

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A 017	Continued From page 6 census was 5 and the licensed capacity was 8. The findings are: A. Review of records revealed no documentation of any type of training for Staff #9, #10, #11, and #12. B. In an interview with the Co-owner on 08/09/11 at 11:00 am, the Co-Owner acknowledged there was no documentation of training for the staff.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake,	A 020	A 020 During admission POA took signed documents home. Then after was forgotten. We establish a routine to check charts by supervisor on weekly bases.	Implemented

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A 020	Continued From page 7 Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit.	A 020		

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A 020	Continued From page 8 Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. 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 remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in	A 020		

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A 020	Continued From page 9 writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]	A 020		

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A 020	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have an admission agreement with all required information for 1 (Resident #5) of 1 (Resident #5)resident charts reviewed. The findings are: A. Review of Resident #5's records revealed no admission agreement or any of the required documentation required for the agreement. B. In an interview with the Owner on 08/09/11 at 8:30 am, the Owner acknowledged there was no admission agreement on file for Resident #5.	A 020		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the	A 022	A 022 Requirements for Assisted Living Facilities for Adults, 7.8.2.NMAC was placed in the house more then ones, and tent to disappears. We are now keep a spare copy lucked, so we can replace lost one in timely matter.	Implemented.

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A 022	Continued From page 11 current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility.	A 022		

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A 022	Continued From page 12 B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. 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; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six	A 022		

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	2073	A. BUILDING _____ B. WING _____	C 08/09/2011

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OASIS OF THE LIVING TREASURE	10405 THERESA PLACE NE ALBUQUERQUE, NM 87111

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A 022	Continued From page 13 (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor	A 022		

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A 022	Continued From page 14 vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to have a copy of this rule; Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC. This deficient practice has the potential of the facility not operating by the regulations governing Assisted Living facilities. At the time of survey the facility's census was 5 and the licensed capacity was 8. The findings are: A. In an interview with the Owner on 08/09/11 at 11:15 am, the Owner, when asked for a copy of the Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC, he stated he would look for them. B. During observation on 08/09/11 at 11:15 am, the Owner was observed looking through several cabinets and never produced a copy of this rule; Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC.	A 022		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an	A 025	A 025 We establish a routine to check charts by supervisor on weekly bases.	Implemented.

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A 025	Continued From page 15 appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc.	A 025		

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A 025	Continued From page 16 D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the resident evaluation was reviewed and revised as required every six months and signed by licensed personnel as required for 1 (Resident #2) of 5 residents.The findings are: A. On 08/09/11 at 9:33 am during chart review for Resident #2, it was noted that the last evaluation was dated 12/16/10 and not signed by licensed personnel. B. On 08/09/11 at 11:30 am during interview with the owner of the facility, he acknowledged this finding.	A 025		
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	A 026	**A 026** We establish a routine to check charts by supervisor on weekly bases.	Implemented.

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A 026	Continued From page 17 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; (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] This REQUIREMENT is not met as evidenced	A 026		

Division of Health Improvement

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 026	Continued From page 18 by: Based on record review and interview the facility failed to have an Individual Service Plan (ISP) addressing all the areas of need that were identified in the resident evaluation for 1 (Resident #5) of 1 (Resident #5) resident chart reviewed. This deficient practice has the potential to cause inappropriate and/or lack of care for a resident. The findings are: A. Review of the evaluation for Resident #5 revealed he needed assistance with bathing, dressing, eating, using the bathroom, medication administration, confusion, and depression. Review of the undated ISP revealed staff were to only assist with bathing, dressing, eating, using the bathroom, and encouraging activity. There were no goals or outcomes addressed on the ISP and no assistance documented for medications, confusion, and depression. B. In an interview with the Owner on 08/09/11 at 8:35 am, the Owner, when confronted with the incomplete ISP, stated "We just forgot to date it."	A 026		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is	A 032	**A 032** Oasis of the Living Treasure is a community residential house, not a lucked unit. Family and hospice was aware of the unlock doors and hard to open gates. Resident was free to enjoy spending time outside for most of the time every day, by family request. Gate was left open by delivery person. Two employees were for five residents at this time. APD and family were involved. Resident was assessed by Facility license staff and hospice notified. No alteration was in resident's health conditions. Involved employees were terminated. There was no reason to hide this situation, and no apparent gain to do so. From now on incident like this will be followed as NM Division of Health Improvement interprets this regulation. Every incident report will be followed by supervisor for accuracy and need for reporting to the state.	Implemented.

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A 032	Continued From page 19 conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.33 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from the survey dated 01/05/2011 Based on record review and interview, the facility failed to ensure that an incident was reported to the licensing authority as required for 1 (Resident #1) of 5 residents. The findings are: A. New Mexico Department of Health Intake reads that Resident #1 got out of the facility into the street. The oxygen delivery staff left the gate opened. Resident wears a bracelet with her husband's name and phone number. The police called her husband and he brought her back to the facility. B. On 08/08/11 at 1:00 pm, during interview with	A 032		

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A 032	Continued From page 20 the Administrator, she reported that Resident #1 eloped in July 2011. She reported that during a routine delivery of medical oxygen to the facility, the front gate was left unlatched by the delivery company. Subsequent to the delivery, Resident #1, who was an ambulatory resident with a diagnosis of Alzheimer's Disease, walked out of the facility. C. On 08/09/11 at 11:30 am, during interview with Owner of the facility, he confirmed the elopement and added that staff present at the facility during the elopement, were unaware that Resident #1 had been missing for over an hour. D. On 08/09/11 at 8:55 am, during interview with Interviewee #14, son and Power of Attorney for Resident #1, he reported that he became aware of the elopement of Resident #1 when police alerted his step-father that Resident #1 had been found approximately 1 block north of the facility. Apparently Resident #1 attempted to get into the vehicle of a woman whose vehicle was parked. According to Interviewee #14, this woman who had had a mother with Alzheimer's Disease recognized Resident #1's confusion and called police for assistance and provided the resident with a bottle of water. Upon arrival of the authorities, the phone number on a medic alert bracelet was used to contact Resident #1's spouse. Resident #1's spouse returned Resident #1 to the facility himself, subsequent to an EMS evaluation on the scene. Interviewee #14 reported that "the disturbing part was that Resident #1 had been gone for between one and one and a half hours and when her spouse brought her back he found that the facility staff hadn't realized she was gone. I lost confidence in the facility."	A 032		

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A 032	Continued From page 21 E. Review of the New Mexico Department of Health's Central Intake Database on 08/09/11 revealed that this incident was not self-reported by the facility as required.	A 032		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.	A 034	A 034 There is a lacked box in this refrigerator. Staff responsible for leaving noted medication outside the box were terminated. We are reinforcing policy of proper change of shifts and checking for proper location of medication.	Implemented.

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A 034	Continued From page 22 (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following	A 034		

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A 034	Continued From page 23 oversight and guidance. (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 shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be 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. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that refrigerator intended to store medications was locked. The findings are: A. On 09/09/11 at 9:28 am, during routine observation of the facility, it was noted that the medication refrigerator was not fitted with a lock and opened in the ordinary fashion. Inside the refrigerator was three boxes of liquid morphine sulfate prescribed to Resident #7. B. On 09/09/11 at 11:30 am, during interview	A 034		

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A 034	Continued From page 24 with the Owner, he acknowledged that the refrigerator was not fitted with a lock.	A 034		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. 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 from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.	A 035	A 035 During internal investigation the MAR's where compared with the medication on hand. Medication was given as directed but not signed. Also Temazepam was given one's but signed two times by mistake. We are reinforcing of thorough review MAR's with medication count. We establish a routine to check MAR's by supervisor on weekly bases.	Implemented.

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(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 035	Continued From page 25 (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication;	A 035		

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	2073	A. BUILDING _____ B. WING _____	C 08/09/2011

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A 035	Continued From page 26 (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:	A 035		

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A 035	Continued From page 27 (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [7.8.2.35 NMAC - Rp, 7.8.2.36 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that documentation regarding prescribed medication was maintained in the Medication Administration Record (MAR) for 1 (Resident #2) of 5 residents The findings are: A. On 08/08/11 during review of the Physician Orders dated 02/25/11, Resident #2 was prescribed Quetiapine Furmarate - 25mg - 1/2 tablet at bedtime for behavior. B. On 08/08/11 during review of the MAR, it was noted that on 07/16/11, there was a unmarked square in the MAR for Resident #2 where his prescribed dose of Quetiapine Furmarate 25mg - 1/2 tab at hour of sleep should have been	A 035		

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A 035	Continued From page 28 documented as having been given. In addition, no notes were found documenting whether the medication was given or not given, was available or unavailable. No other information regarding this dose of medication was found. C. On 08/09/11 at 9:33 am, during review of the Physician Orders dated 03/02/11, Resident #2 was prescribed Trazedone 100 mg orally at hour of sleep and Ativan 0.5 mg 1-2 tablets orally every four hours. D. On 08/09/11 at 9:33 am, during review of the MAR, it was noted that on 07/16/11 and on 07/29/11, there was an unmarked square in the MAR for Resident #2 where the prescribed Trazedone 100 mg orally at bedtime should have been documented as having been given. In addition, no notes as to whether the medication was given or not given, was available or unavailable, were made or other information regarding this dose of medication. E. On 07/28/2011, there was an unmarked square in the MAR for Resident #2 where the prescribed Ativan 0.5mg 1-2 tablets orally every four hours should have been documented. In addition, no notes were found documenting whether the medication was given or not given, was available or unavailable. No other information regarding this dose of medication was found. F. On 08/08/11 at 2:30 pm during interview with the Administrator, she confirmed that there was no supporting documentation to explain the blank spaces in the MAR's. Based on record review and interview, the facility failed to follow physician's orders and failed to	A 035		

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A 035	Continued From page 29 ensure that documentation regarding prescribed medication was maintained in the MAR for medications for 1 of 1 resident (Resident #5) receiving an as needed medication The findings are: A. On 08/08/11, review of the June 2011 MAR for Resident #5 revealed Temazepam 15 milligram, 1 tablet orally at bedtime as needed. The Temazepam was initialed as given two times on June 4, and once on June 5, 10, 11, 18, 19, 24, and 29 with no notes as to why it was given, what time it was given, and what the outcome was. B. In an interview with the Co-owner on 08/09/11 at 8:45 am, the Co-owner stated, "[Caregivers] are suppose to put [notes] on other page." When asked for the "other page", there was no acknowledgment of the "other page" and the back of the MAR was blank. The Co-owner made no comment in reference to why physician's orders were not followed on June 4, 2011, when the Temazepam was given twice.	A 035		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm	A 042	**A 042** The mentioned box is located outside the house. This box is cold (no power) and was taped with three layers of duck tape. Upon request tape was replaced with a plate.	Done.

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A 042	Continued From page 30 and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the exhaust fan in the facility laundry room was in proper functioning order. The findings are: A. On 08/09/11 at 9:49 am during observation of the exhaust fan in the facility laundry room it not in functional order. B. On 08/09/11 at 11:00 am during interview with the Owner, he reported that he would fix the fan. Based on observation and interview the facility failed to have an approved cover over an electrical service box. This deficient practice has the potential to affect the health and safety of all (100%) of the facility residents, visitors, and staff. The findings are: A. During tour of the facility on 08/09/11 at 7:30 am, a 2" by 4" electrical box with electrical wiring inside was observed on the front porch without an approved cover exposing the wiring to residents, visitors, and staff. B. During an interview with the Owner on 08/09/11 at 11:00 am, the Owner acknowledged the electrical box did not have a cover.	A 042		
A 068	7 NMAC 8.2.68 Hospice	A 068	A 068 With hospice collaboration will be establish training schedule and documentation of it.	In process.

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A 068	Continued From page 31 HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply. (1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC. (2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms. (3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health. (4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members. (5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services. (6) " Palliative care " means a form of medical	A 068		

Division of Health Improvement

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A 068	Continued From page 32 care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure. (7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live. (8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination. B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services: (1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and (2) offer an ongoing employee psychological support program for end of life care issues. C. Individual service plan (ISP) requirements. (1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care staff. (2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following: (a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC; (b) what services are to be provided; (c) who will provide the services; (d) how the services will be provided; (e) a delineation of the role(s) of the hospice	A 068		

Division of Health Improvement

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A 068	Continued From page 33 provider and the assisted living facility in the ISP process; (f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and (g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them. (3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals: (a) a physician; (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws. D. Care coordination. (1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC. (2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC. (3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation. (a) The facility shall provide individual records for each resident. (b) The hospice agency shall leave	A 068		

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A 068	Continued From page 34 documentation at the facility in the designated section of the resident ' s record. (4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions. (5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC. (6) The assisted living facility shall ensure the coordination of services with the hospice agency. (a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs. (b) The assisted living facility shall receive information and communication from the hospice staff at each visit. (i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.). (ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation. (c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members. (d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator. (i) The process may be informal or formal	A 068		

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A 068	Continued From page 35 depending on the nature of the issue. (ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified. E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements: (1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP; (2) private visiting space: (a) physical space for private family visits; (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident ' s death. F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid. [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have the required staff palliative/hospice care training for 4 of 4 (#9, #10, #11, and #12) staff who assist with providing hospice services. This deficient practice has the potential to affect the health and safety of 100% of the facility hospice residents. The findings are: A. Review of medical records revealed that Residents #2, #6, #7 were all receiving hospice services.	A 068		

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A 068	Continued From page 36 B. Review of staff records revealed no documentation of any type of palliative/hospice related training for Staff #9, #10, #11 and #12, who assist with providing the residents with hospice services. C. In an interview with the Co-owner on 08/09/11 at 11:00 am, the Co-owner acknowledged there was no documentation of training for the staff.	A 068		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: Reference 7.1.13 NMAC: Incident Reporting, Intake, Processing and Training Requirements.	A 070	A 070 * Oasis of the Living Treasure is a community residential house, not a lucked unit. Family and hospice was aware of the unlock doors and hard to open gates. Resident was free to enjoy spending time outside for most of the time every day, by family request. Gate was left open by delivery person. Two employees were for five residents at this time. APD and family were involved. Resident was assessed by Facility license staff and hospice notified. No alteration was in resident's health conditions. Involved employees were terminated. There was no reason to hide this situation, and no apparent gain to do so. From now on incident like this will be followed as NM Division of Health Improvement interprets this regulation. Every incident report will be followed by supervisor for accuracy and need for reporting to the state.	Implemented.

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A 070	Continued From page 37 Paragraph (2) of Subsection A of 7.1.13.8 NMAC - "Duty to Report: All licensed health care facilities shall report abuse, neglect, misappropriation of property, and injuries of unknown sources to the division within a twenty-four (24) hour period." 7.1.13.12 NMAC - "Consequences of Licensed Health Care Facilities or Community Based Services Provider Noncompliance Subsection A of 7.1.13.12 NMAC - " The department or other governmental agency having regulatory enforcement authority over a licensed health care facility or community based service provider may sanction a licensed health care facility or community based provider in accordance with applicable law if the licensed health care facility or community based service provider fails to report incidents of abuse, neglect or misappropriation of consumers property or fails to provide or fails to maintain evidence of an existing incident management system and employee training documentation as set forth by this rule. Subsection B of 7.1.13.12 NMAC - "Such sanctions may include revocation or suspension of license, directed plan of correction, intermediate sanctions or civil monetary penalty up to five thousand dollars ($5,000) per instance, or termination or non-renewal of any contract with the department or other governmental agency." Based on record review and interview, the facility failed to ensure that an incident was reported to the licensing authority as required for 1 of 5 (Resident #1) residents . The findings are:	A 070	* An incident report training curriculum is part of the facility Policies and Procedures. * Because office is located in different location, at times documents get misplace. We are going to keep personal files in the Assisted Living location. Supervisor will check them for completeness on weekly bases. * Posters are displayed in two prominent public locations, and they are not altered, defaced, removed, or covered by other material. Easy to access by residents, employees and visitors.	Implemented.

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 _____	C 08/09/2011

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

(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 070	Continued From page 38 A. New Mexico Department of Health Intake reads that Resident #1 got out of the facility into the street. The oxygen delivery staff left the gate open. Resident wears a bracelet with her husband's name and phone number. The police called her husband and he brought her back to the facility. B. On 08/08/11 at 1:00 pm, during interview with the Administrator, she reported that Resident #1 eloped in July 2011. She reported that during a routine delivery of medical oxygen to the facility, the front gate was left unlatched by the delivery company. Subsequent to the delivery, Resident #1, who was an ambulatory resident with a diagnosis of Alzheimer's disease, walked out of the facility. C. On 08/09/11 at 11:30 am, during interview with Owner of the facility, he confirmed the elopement and added that staff present at the facility during the elopement were unaware that Resident #1 had been missing for over an hour. D. On 08/09/11 at 8:55 am, during interview with Interviewee #14, son and Power of Attorney for Resident #1, he reported that he became aware of the elopement of Resident #1 when police alerted his step-father that Resident #1 had been found approximately 1 block north of the facility. Resident #1 attempted to get into the vehicle of a woman whose vehicle was parked. According to Interviewee #14, this woman, who had had a mother with Alzheimer's disease, recognized Resident #1's confusion and called police for assistance and provided the resident with a bottle of water. Upon arrival of the authorities, the phone number on a medic alert bracelet was used to contact Resident #1's spouse. Resident #1's spouse returned Resident #1 to the facility	A 070		

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A 070	Continued From page 39 himself, subsequent to an EMS evaluation on the scene. Interviewee #14 reported that "the disturbing part was that Resident #1 had been gone for between one and one and a half hours and when her spouse brought her back, he found that the facility staff hadn't realized she was gone. I lost confidence in the facility." E. Review of the New Mexico Department of Health's Central Intake Database on 08/09/11 revealed that this incident was not self-reported by the facility as required. Reference 7.1.13 NMAC: Incident Reporting, Intake, Processing and Training Requirements. Refer to: 7.1.13.10 NMAC INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner. B. Training Curriculum: The licensed health care facility and community based service provider shall provide all employees and volunteers with a	A 070		

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A 070	Continued From page 40 written training curriculum on incident policies and procedures for identification, and timely reporting of abuse, neglect, misappropriation of consumers' property, and where applicable to community based service providers, unexpected deaths or other reportable incidents, within thirty (30) days of the employees' initial employment, and by annual review not to exceed twelve (12) month intervals. The training curriculum may include computer-based training. Periodic reviews shall include, at a minimum, review of the written training curriculum and site-specific issues pertaining to the licensed health care facilities or community based service provider ' s facility. Training shall be conducted in a language that is understood by the employee and volunteer. C. Incident Management System Training Curriculum Requirements: (1) The licensed health care facility and community based service provider shall conduct training, or designate a knowledgeable representative to conduct training, in accordance with the written training curriculum that includes but is not limited to: (a) an overview of the potential risk of abuse, neglect, misappropriation of consumers' property; (b) informational procedures for properly filing the division's incident management report form; (c) specific instructions of the employees ' legal responsibility to report an incident of abuse, neglect and misappropriation of consumers ' property. (d) specific instructions on how to respond to abuse, neglect, misappropriation of consumers ' property; (e) emergency action procedures to be followed in the event of an alleged incident or knowledge of abuse, neglect, misappropriation of consumers' property; and	A 070		

Division of Health Improvement

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A 070	Continued From page 41 (f) where applicable to employees of community based service providers, informational procedures for properly filing the division's incident management report form for unexpected deaths or other reportable incidents. (2) All current employees shall receive training within ninety (90) days of the effective date of this rule. (3) All new employees shall receive training within thirty (30) days of the employees initial hire date. D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule. F. Posting of Incident Management Information Poster: All licensed health care facilities and community based service providers shall post two (2) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. All licensed health care	A 070		

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A 070	Continued From page 42 facilities and community based service providers operating sixty (60) or more beds shall post three (3) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. The posters shall be posted where employees report each day and from which the employees operate to carry out their activities. Each licensed health care facility or community based service provider shall take steps to insure that the notices are not altered, defaced, removed, or covered by other material. [7.1.13.10 NMAC - N, 02/28/06] Based on record review and interview the facility failed to have an incident management system to reflect the state requirement, an incident report training for staff, an incident report training curriculum, training documentation and post the required number of incident management posters. This deficient practice has the potential to affect of the residents at the facility. The findings are: A. On 08/08/11, review of facility records revealed no facility incident management system based on the state requirement, incident report training for staff, incident reporting training curriculum, training documentation or required postings. B. In an interview with the Owner on 8/9/11, he reported that he was unaware of this regulation until that moment. Refer to:	A 070		

Division of Health Improvement

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A 070	Continued From page 43 7.1.9.8 NMAC CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose appropriate administrative sanctions and penalties. B. Exception: A caregiver or hospital caregiver applying for employment or contracting services with a care provider within twelve (12) months of the caregiver' s or hospital caregiver' s most recent nationwide criminal history screening which list no disqualifying convictions shall only apply for a statewide criminal history screening upon offer of employment or at the time of entering into a contractual relationship with the care provider. At the discretion of the care provider a nationwide criminal history screening, additional to the required statewide criminal history screening, may be requested. C. Conditional Employment: Applicants, caregivers, and hospital caregivers who have submitted all completed documents and paid all	A 070		

Division of Health Improvement

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A 070	Continued From page 44 applicable fees for a nationwide and statewide criminal history screening may be deemed to have conditional supervised employment pending receipt of written notice given by the department as to whether the applicant , caregiver or hospital caregiver has a disqualifying conviction. D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department. (5) If the applicant, caregiver or hospital caregiver must submit another readable set of fingerprint	A 070		

Division of Health Improvement

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A 070	Continued From page 45 cards upon notice that the fingerprint cards previously submitted were found unreadable, as determined by the federal bureau of investigation or department of public safety, the submission of a second set of fingerprint cards is required, a separate fee will not be charged. A fee shall be charged for submission of a third and subsequent fingerprint sets. (6) If the applicant, caregiver or hospital caregiver has a physical or medical condition which prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques, the applicant, caregiver or hospital caregiver shall submit the fingerprint cards with a notarized affidavit signed by the applicant, caregiver, hospital caregiver, returned to the department within fourteen (14) calendar days, as determined by the postmark, which provides: (a) identification of the applicant, caregiver or hospital caregiver; (b) an explanation of, or a statement describing, the applicant ' s, caregiver ' s or hospital caregiver ' s good faith efforts to supply readable fingerprints; and (c) the physical or medical reason that prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques. (d) An applicant, caregiver or hospital caregiver meeting the conditions of this paragraph and who has resided in the state of New Mexico for less than ten (10) years must also submit a ten (10) year work history in addition to the required affidavits. (7) All documentation submitted to the department for the purposes of criminal history screening and for the purposes set forth in 7.1.9.9 NMAC and 7.1.9.10 NMAC shall become the sole property of the department with the	A 070		

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A 070	Continued From page 46 exception of fingerprint cards which shall be destroyed upon clearance by both the federal bureau of investigation and department of public safety. All other submitted documentation shall be retained by the department for a period of one year from the final date of closure and thereafter shall be archived. E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The department and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department ' s receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico department of health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant , caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20)	A 070		

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A 070	Continued From page 47 calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver ' s clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee ' s file stating " This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider], " together with the employee ' s job description, shall suffice for record keeping purposes. Based on record review and interview the facility failed to meet the requirements for the Caregivers Criminal History Screening for 3 of 3 (Staff #10, #11 and #12) staff records reviewed. This deficient practice has the potential to affect the health and safety of 100% of the facility residents. The findings are: A. Review of files for Staff #10, #11 and #12 revealed no documentation the Caregivers Criminal History Screening Requirements had been met. There was no documentation of fingerprinting, application, fees paid, clearance	A 070		

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A 070	Continued From page 48 letter, or any other documentation. Records revealed all 3 staff (#10, #11 and #12) had worked in the facility alone and unsupervised. Dates of hire were the following: 1. Staff #10 hired 07/19/11, 2. Staff #11 hired 05/31/11, 3. Staff #12 hired 06/05/11. B. In an interview with the Owner on 08/08/11 at 2:30 pm, this surveyor asked for the documentation for the Caregivers Criminal History Screening Requirements for Staff #10, #11 and #12. At the time of exit on 08/09/11 at 11:00 am, these documents for Staff #10, #11 and #12 had not been provided. Refer to: 7.1.12 NMAC Employee Abuse Registry 7.1.12.8 NMAC REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying	A 070		

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A 070	Continued From page 49 information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per instance, or termination or non-renewal of any contract with the department or other govenunental agency. [7.1.12.8 NMAC - N, 01/01/2006] Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked through the Consolidated Online Registry (COR) for pre-screening prior to offer of employment for 4 of 4 (Staff #9, #10, #11, and	A 070		

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A 070	Continued From page 50 #12) direct care staff. The findings are: A. During review of the employee files for Staff #9, #10, #11 and #12, it was noted that these four direct care staff did not have on file documentation that the facility screened these individuals through the COR using the individuals' identifying information. B. On 08/09/11 at 11:00 am during interview with the Owner, he acknowledged staff were not screened through the COR. C. On 08/01/11 during interview with staff from Caregivers Criminal History Screening, the staff of CCHS reported that the facility COR/EAR passcode was still "pending" indicating that the facility has not accessed the system to pre-screen employees as required.	A 070		