PRINTED: 05/14/2009
FORM APPROVED

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	5729	A. BUILDING _____ B. WING _____	05/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	252 ROBERT H BRADLEY ALAMOGORDO, NM 88310

(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 6-1-09 JH	

Division of Health Improvement

Jeanne Gonzales
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Exec. Director

(X6) DATE: 5/26/09

Division of Health Improvement

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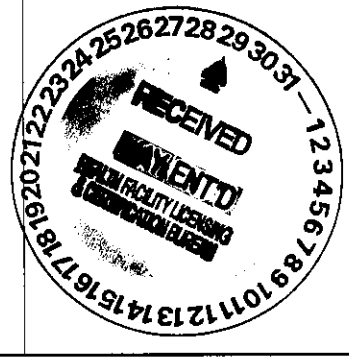
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. 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		

Division of Health Improvement

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A19	Continued From page 1	A19		

(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

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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: Based on record review and interview the facility failed to convene a team to determine the appropriateness of admission/retention of 2 of 3 residents receiving hospice services (R2 and R3). The findings are: A) Review of records on 5/12/09 revealed resident R2 and R3 were on Hospice and there was no documentation a team had been convened to determine the appropriateness of admission/retention of these residents at the	A19	The Director will Conduct a team meeting with all appropriate People to determine appropriateness of admission/ retention of residents referred to, or receiving Hospice. The team will develop and approve an ISP, and will have documentation with Signatures in the resident's Chart.	5-31-09

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A19	Continued From page 3 facility. B) In an interview with the administrator on 5/13/09 at 8:59 a m, the administrator acknowledged no formal team meeting had been held to determine the appropriateness of admission/retention of residents R2 and R3 at the facility.	A19		
A34	7 NMAC 8.2.34 Resident Rights 7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents. A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding. B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority: (1) the resident's spouse; (2) any of the resident's adult children; (3) either of the resident's parents; (4) any relative the resident has lived with for six or more months before admission; (5) a person who has been caring for, or paying benefits on behalf of the resident; (6) a placing agency; or (7) any other person, e.g., Ombudsman. C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility: D. The facility, to protect resident rights must: (1) Treat all residents with courtesy,	A34		

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A34	Continued From page 4 respect, dignity and compassion. (2) To the extent that resident required services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality. (3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any changes. (4) Assure that residents have a safe and sanitary living environment. (5) Provide humane care. (6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records. (7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room. (8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family, friends, lawyers, ombudsmen and community organizations. (9) Prohibit the use of any and all physical and chemical restraints. (10) Assure the residents are free from physical and emotional abuse and neglect. (11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management. (12) Consistent with the resident's health, abilities and security, assure the right of the	A34	All Med Techs will be inserviced on proper procedures of sanitizing residents finger, prior to finger pricks while checking their blood sugar. They will also be inserviced on sanitary handling of medications. Facility will maintain documentation of Med Tech's attendance of such in-services. Facility nurse and/or Director will monitor sanitary methods to ensure compliance.	6-12-09

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A34	Continued From page 5	A34		

resident to freely participate in religious, social, community and other activities; and freely associate with persons in and out of the facility.

(13) Permit the residents to leave the facility freely and return without unreasonable restriction.

(14) Prevent unjustified room transfers or discharge from this facility.

(15) Use care and management practices that foster social interaction and avoid practices that unnecessarily result in social isolation.

(16) Provide services consistent with informed consent.

(17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation.

(18) Promptly address and resolve resident complaints.

(19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment.

(20) Respect a resident's choice of doctor, pharmacist and other health care provider.

(21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care.

(22) Respect a resident's right to keep and use personal possessions without loss or damage.

(23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds.

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A34	Continued From page 6 (24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management. (25) Require no resident to work for the facility. (26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker. (27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care. E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.34 D. (4) . . . sanitary living environment. Based on observation and interview the facility failed to use a sanitary method with a finger prick for testing blood sugar for 1 resident (R8). This deficient practice has the potential to affect 100% of the facility residents that require blood sugar monitoring. The findings are: A) During observation of the assistance with medication administration on 5/12/09 at 7:37 a m, staff S51 was observed to use a finger prick to test blood sugar for resident R8 without any sterilization of the resident's index finger where the blood was sampled.	A34		

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A34	Continued From page 7 B) In an interview with staff S51 on 5/13/09 at 9:37 a m, staff S51 acknowledged she had not sterilized the index finger of resident R8 before taking the blood sample. Based on observation and interview the facility failed to practice sanitary handling of medications for 2 residents (R6 and R7). This deficient practice has the potential to affect 100% of the facility residents. The findings are: A) During observation of the assistance with medication administration on 5/12/09 at 7:10 a m, staff S51 was observed to prepare residents' medications in sterile cups on a counter top where MAR and Narcotic count binder records are kept. Records are entered in these binders on this counter top. The Narcotic lock boxes are also kept on this counter top. During the course of the survey this counter top was observed to be used for record keeping in residents' charts and is not a sterile surface. B) During observation of the assistance with medication administration on 5/12/09 at 7:11 a m, staff S51 was observed to drop a pill intended for resident R6 on the cabinet surface and pick the pill up and put it in the cup with the residents other pills. Staff S51 then proceeded with the assistance with medication administration for resident R6. C) During observation of the assistance with medication administration on 5/12/09 at 7:21 a m, staff S51 was observed to drop a pill intended for resident R7 on the cabinet surface and pick the pill up and put it in the cup with the residents other pills. Staff S51 then proceeded with the assistance with medication administration for	A34		

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A34	Continued From page 8 resident R7. D) In an interview with staff S51 on 5/13/09 at 9:51 a m, staff S51 acknowledged she had dropped pills on the counter top for residents R6 and R7 and did not discard the pills and the pills were administered to residents R6 and R7.	A34		
A35	7 NMAC 8.2.35 Custodial Drug Permit 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator	A35		

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A35	Continued From page 9 temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic	A35	All Internal Meds Will be Stored seperate from external meds. These have been seperated, and will remain seperated going foward. Staff will be Inserviced on proper Storage of meds. Facility nurse and/or Director will monitor for Compliance.	5-31-09

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A35	Continued From page 10 medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.35 A. (2) Internal medication must be kept separate from external medications. Based on observation and interview the facility failed to store internal medication separate from external medications 1 resident (R3). The findings are: A) In an observation of the narcotics storage container #2 on 5/12/09 at 4:08 p m, topical Nitroglycerin patches were stored in a plastic compartment with oral narcotic medications for resident R3. B) In an interview with staff S50 on 5/12/09 at 4:08 p m, staff S50 acknowledged the Nitroglycerin patches were stored in the same plastic compartment with oral narcotic medications for resident R3. Staff S50 further acknowledged Fentanyl patches are usually stored in the same plastic compartment with oral narcotic medications for resident R3, but the facility had not received the new prescription of Fentanyl.	A35		