Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2154	A. BUILDING _____ B. WING _____	07/21/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING	4308 TULANE DRIVE NE ALBUQUERQUE, NM 87107

(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
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 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.	A35	ES Scanned 08-04-09 RECEIVED AUG 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Lynne Blake — Administrator — 7/27/09

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

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A35	Continued From page 1 (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 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: Refer to 7.8.2.35(B)(2) - A system of records of drugs to enable an accurate reconciliation	A35		

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A35	Continued From page 2 Based on observation, record review and interview, the facility failed to ensure that records were kept to show accurate reconcilation of a Controlled Class medication prescribed for 1 of 8 residents (Resident #1). The findings are: A. On July 20, 2009 at 11:15 AM during review of July 16, 2009 consultant pharmacy report, it was noted that for Rx #C109039 named Lorazepam (Ativan) prescribed for Resident #1 was found to be missing/unaccounted both physically and on paper documentation (Controlled Medication Count Sheet)at the time of the consultant pharmacist visit to the facility. B. On July 20, 2009 at 11:40 AM during interview with the on site manager, she confirmed that to date, the physical medications and/or corresponding paper documentation (Controlled Medication Count Sheet) had not been located.	A35	**7.8.2.35 (B) (2)** **12.3.1** The violations identified in the official written report will be corrected by utilizing a Narcotic Inventory Control Log supplied by our consulting pharmacist, in addition to our Individual Narcotic Record, which will keep an inventory of not only each narcotic individually, but also the number of narcotics that are received in the facility. (Copy of Narcotic Inventory Control Log attached.) **12.3.2** The house manager will inventory all narcotics utilizing the Narcotic Inventory Control Log a minimum of 3 times weekly to ensure other residents will not be affected by the same deficient practice. **12.3.3** The facility will have its corrective action monitored by the consulting pharmacist on a quarterly basis, and on a monthly basis by the administrator by utilizing the Narcotic Inventory Control Logs and ensuring all inventory is accounted for. **12.3.4** This corrective action will be completed by August 1st, after in-servicing manager and staff on new paperwork.	