STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5399	A. BUILDING _____ B. WING _____	12/27/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR LIVING SYSTEMS HWY 47	3216 HIGHWAY 47 S LOS LUNAS, NM 87031

(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	12.3.1 A locked Box will be provided for medications that need to be refrigerated 12.3.2 Resident medications will be reviewed to ensure that medications that need refrigeraton are 12.3.3Administrator will ensure the purchase of the lockbox and review medications Weekly review will be conducted to ensure compliance with locking of medications 12.3.4 Action was corrected on 12/27/07	

Signed 1-24-08 M

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 1/10/08

JAN 8 2008

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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 A 1 - Medication storage	A35		

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A35	Continued From page 2 Based on observation and interview, the facility failed to ensure that all refrigerated medications were stored in a locked compartment. The findings are: A. On 12/27/07 at 10:45 AM during a tour of the facility, it was observed that resident suppositories were stored in the facility refrigerator in an unlocked storage box in full access to both residents and staff. B. On 12/27/07 at 10:47 AM during interview with administrative staff, she acknowledged that the medications were unlocked at the time of surveyor's observation.	A35		
A48	7 NMAC 8.2.48 LIGHTING AND LIGHTING FIXTURES 7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting. C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption	A48	12.3.1 Emergency lighting will be installed at both entry ways 12.3.2 Residents will not be effected by the installation of the lighting system 12.3.3 Administrator will ensure the completion of the installation of the lighting system 12.3.4 Action will be completed by 2/1/08	

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A48	Continued From page 3 of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.48 E - Emergency Lighting Based on observation, record review and interview, the facility failed to ensure that emergency lighting was provided to light exit passageways upon disruption of electrical service. The findings are: A. On 12/27/07 at 2:00 PM during general facility observation, it was noted that both the front eastfacing ADA entrance and the ADA entrance (adjacent to the facility kitchen) were not provided with emergency lighting. B. On 12/27/07 during review of annual inspection report dated 1/4/07 from Valencia County Emergency Services, it read: ..."there needs to be Emergency Lighting at the front door for Exit purposes". C. On 12/27/07 during the exit conference, administrative staff acknowledged that no emergency lighting was available at either of the ADA exit passageways during surveyor's observations.	A48		
A60	7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP	A60		

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A60	Continued From page 4 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.8.2.60(B) - Smoke detectors Based on observation and interview, the facility failed to ensure that all smoke detectors were operational in resident sleeping areas. The findings are: On 12/27/07/07 at 10:30 AM during a tour of the	A60	12.3.1 Battery for smoke detector will be replaced 12.3.2 All resident rooms and battery operated smoke detectors will be checked to ensure proper working order 12.3.3 Administrator and maintenance staff will ensure compliance of replacement batteries. Semi annual replacement schedule will be implemented 12.3.4 Action was completed 12/27/08	

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A60	Continued From page 5 facility, it was noted that one of the facility smoke detectors (located in Room 'A' and which was not " wired into " the electrical system of the home) did not function due to "dead" batteries. On 12/27/07 at 10:33 AM during interview with administrative staff, the administrators acknowledged that the smoke alarm did not work at the time of the surveyor ' s observation.	A60		