STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5772	A. BUILDING _____ B. WING _____	C 01/14/2008

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 01	OPENING REMARKS Surveyor: 22739 An unannounced on-site investigatio took place 01/14/08 and the facility was found to not be in substantial compliance.	A 01		
A22	7 NMAC 8.2.22 RESIDENT RECORDS 7.8.2.22 RESIDENT RECORDS: A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission: (a) An executed admission agreement. (b) A completed resident assessment form. (c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical. (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers. (3) Within thirty (30) days of admission: (a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission. (b) Resident's name, age, recent photograph, social security number, marital	A22		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Nancy Escalera TITLE Director (X6) DATE 2/4/08

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A22	Continued From page 1 status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and diet required. (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan. (f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the entry and shall include significant information related to the individual service plan. (g) Entries providing a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention, and entries reflecting appropriate follow-up. The maintenance of such written record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility. (h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the	A22		

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A22	Continued From page 2 medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications. (i) Date, time and progress note of health services provided by any contract agency. (j) Unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures. (k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility. (l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care facility, upon death or transfer. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge. (4) There must be a policy and procedure in place for record retention in the event of facility closure. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00] This REQUIREMENT is not met as evidenced	A22		

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A22	Continued From page 3 by: Surveyor: 22739 7.8.2.22 Based on record review and interview, the facility failed to record all relevant information to ensure the resident's charts accurately reflected their current condition and complete the Medication record for four of six (R1, 2, 3, 4, 5 and 6) residents sampled. The findings are: A. On 01/14/08, review of R1's chart revealed he was admitted 10/19/05 with a diagnosis of Dementia and Diabetes Melllutlitus. 1. Review of the Medication Administration Record (MAR) revealed missing entries for the months of November 2007 through January 2008 for Blood Sugar checks. 2. Physician Orders dated 10/19/05 revealed the facility was instructed to contact the Physician if his blood sugar reading was above 400. B. On 01/14/08, review of an Incident Report dated 12/28/07 states R1 eloped from the facility 12/15/07 in the evening and was not found until the following morning with injuries. C. On 01/14/08, review of the Caregiver Notes revealed no entries regarding the facility cotacting the Physician 12/11/07 or the elopement 12/15/07. There were also no entries after 12/16/07. The resident returned from the hospital 12/20/07 and had a Physician's appointment 01/11/07 where a medication change was ordered. Neither were not documented. D. On 01/14/08, review of R2's chart revealed he was admitted 03/01/07 with a diagnosis of Alzheimers, Parkinson and Depression. 1. Review of the Caregiver Notes shows and	A22	A22 1. weekly review of MAR's will be conducted by the director weekly and monthly by the nurse also the pharmacy consultant will be reviewing quarterly 2. P.O.'s and any new information on residents are now posted in the med room for all med techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med tech's have read them. B. Modifications were made to re-route foot traffic the second bldg. Street access is only available by unlocking the padlock the keys are with the med tech kept in that bldg.	ongoing 1/18/08 12/17/07

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A22	Continued From page 4 entry dated 10/29/07 where the resident went to the hospital but there was no entry regarding his return and there have been no entries since. E. On 01/14/08, review of R3's chart revealed he was admitted 04/01/07 with a diagnosis of Dementia and Dermatitis. 1. Review of the Caregiver Notes show no entries between 08/09/07 and 01/09/08. G. On 01/14/08, review of R4's chart revealed she was admitted 11/26/07 with a diagnosis of Diabetes Mellulitus and Coronary Artery Disease. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of December 2007 and January 2008. 2. Review of Physician's Orders dated 11/27/07 revealed the facility was to conduct blood sugar checks four times a day. H. On 01/14/08, review of R5's chart revealed she was admitted 03/01/07 with a diagnosis of Cerebral Vascular Accident and Diabetes Mellulitus Type II. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of October 2007 through January 2008. 2. Review of Physician's Orders dated 04/13/05 revealed the facility was to conduct blood sugar checks twice a day. I. On 01/14/08, review of R6's chart revealed he was admitted 03/01/07 with a diagnosis of Hypertension and Diabetes Mellulitus. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of November 2007 through January 2008. 2. Review of Physician's Orders dated 04/27/06 revealed the facility was to conduct blood sugar checks twice a day.	A22	C. All staff were inserviced on the importance of documentation for MAR's and change of condition. Staff are to use the communication books located in each bldg to make entries regarding change in condition (physical or mental) Staff are to complete a change of condition form and submit to the exec. director who will review and transfer to the Agency nurse. D. All staff were inserviced on the importance of documentation for MAR's and change of condition. Staff are to use the communication books located in each bldg. to make entries regarding change in condition (physical or mental) Staff are to complete a change of condition form and submit to the exec. dir. who will review and transfer to the agency nurse.	1/18/08 1/18/08

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A22	Continued From page 5 3. Review of the Caregiver's Notes show no entries after 10/29/07. J. During an interview 01/14/08 at 10:50 AM, the Administrator was show several charts and asked if there should be current entries about all the residents. She stated, "Yes, there's absolutely nothing here." When asked if it was important to chart items, she stated, "Yes." K. It was learned 01/14/08 during an interview with a Liuetenant from the local Police Department at 1:15PM that R1 had eloped again 01/11/08. L. When the Administrator was interviewed 01/14/08 at 1:45 PM about the 2nd elopement, she stated, "I didn't even think about it." There was no entry in the Caregiver's Notes regarding this second elopement. M. During an interview 01/14/08 with the Director of Nursing at 1:55 PM, she was asked about the missing entries on the MAR and the Caregiver's Notes. In response to the MAR, she stated, "I don't monitor them all the time. I can check them but I might monitor every couple of months." When shown again how many months had missing entries, she stated, "We've gone over holes before (meaning training staff to fill out the MAR)." When asked about the missing entries for the Hospital visits and other pertinent information on the Caregiver's Notes, she stated, "That's the Administrator's responsibility."	A22	E. All staff were inserviced on the importance of documentation for MAR's and change of condition. Staff are to use communication books located in each bldg. to make entries regarding change in condition (physical or mental). Staff are to complete a change of condition form and submit to the exec. dir. who will review and transfer to the agency nurse. 1/18/08 G1. weekly review of MAR's will be conducted by the director, monthly by the nurse also the pharmacy consultant will reviewing quarterly. ongoing 2. P.O.'s and any new information on residents are now posted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgement that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and	A27		

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A27	Continued From page 6 implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will 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) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22739 7.8.2.27 Based on record review and interviews, the facility failed to have Individual Service Plans that accurately reflected the resident's condition for two of six residents (R2 and 3). The findings are: A. On 01/14/08, review of R2's chart revealed he was admitted 03/01/07 with a diagnosis of Alzheimers, Parkinsons Disease and Depression. B. Review of R2's Individual Service Plan (ISP)	A27	H1. weekly review of MAR's will be conducted by the director, monthly by the nurse also the pharmacy consultant will be reviewing quarterly. H2. P.O.'s and any new information on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. I1. weekly review of MAR's will be conducted by the director, monthly by the nurse, also the pharmacy consultant will be reviewing quarterly. I2. P.O.'s and any new information on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents P.O.'s will be filed accordingly after all med-techs have read them.	ongoing 1/18/08 ongoing 1/18/08

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A27	Continued From page 7 renewed 11/20/07 revealed no entries regarding the "Lifesaver" anklet he was wearing. C. On 01/14/08, review of R3's chart revealed he was admitted 04/01/07 with a diagnosis of Dementia and Dermatitis. D. Review of R3's ISP renewed 07/30/07 revealed no entries regarding the "Lifesaver" anklet he was wearing. E. On 01/14/08 at 10:50 AM, the Administrator was asked how long R2 and R3 had the anklet device. She stated she was unsure as they both had them on before she began at the facility. She was asked what the requirements would be for someone to wear such a device. She stated, "A wanderer." She was asked to review both their ISPs and show me where it was documented that the residents wandered and had "Lifesaver" anklets. She stated she could not. When asked if it should have been included, she stated, "Yes."	A27	I 3. All staff were inserviced on the importance of documentation for MAR's and change of condition Staff are to use the communication books located in each bldg. to make entries regarding change of condition (physical or mental) Staff are to complete a change of condition form and submit to the exec. dir. who will review and transfer to the agency nurse. J. inservice was completed with staff retraining on entering all changes in condition, dr. appt. and medication.	1/18/08 1/18/08
A33	7 NMAC 8.2.33 REPORTING OF INCIDENTS 7.8.2.33 REPORTING OF INCIDENTS: A. The facility must insure that all suspected cases or known incidents of resident abuse, neglect, exploitation, and mistreatment are reported. A facility must 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 and Adult Protective Services (APS) by the next business day. In no instance may a facility delay a report to Adult Protective Services or to the Licensing Authority, while an internal investigation is being conducted. B. The facility is responsible for documenting all incidents, within five (5) days of	A33	M. inservice was completed with staff retraining on entering all change in condition, dr. appt. and medication. A27 B. Director of nursing has updated ISP on R2 to show lifesaver anklet. D. Director of nursing has updated ISP on R3 to show lifesaver anklet	1/18/08 1/15/08

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A33	Continued From page 8 the incident, and having on file, the following: (1) A narrative description of the incident. (2) Results of the facility's investigation. (3) The facility action, if any. [7-1-64, 9-15-70, 5-26-72, 7-11-86, 4-7-97; 7.8.2.33 NMAC - Rn 7 NMAC 8.2.33, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22739 7.8.2.33 Based on record review and interview, the facility failed to report an incident to Licensing Authority and Adult Protective Services and conduct investigations into incidents they did report. The findings are: A. On 01/14/08, review of an Incident Report dated 12/28/07 states R1 eloped from the facility 12/15/07 in the evening and was not found until the following morning with injuries. He was taken a hospital where he remained for three days. B. On 01/14/08 at 12:30 PM, the Administrator was asked for her internal investigation of the incident with R2 on 12/15/07. She stated, "What investigation?" When asked if she did not document any interviews or other items showing she investigated the incident, she stated, "I didn't know I had to." B. On 01/14/08 at 1:15 PM, this Investigator interviewed a Liuetenant in charge of the "Lifesavers" anklet program and was informed that R1 had eloped again 01/11/08. C. On 01/14/08 at 1:30 PM, this Investigator contacted the Intake Coordinator for the Department of Health and inquired if the	A33	A33 A. Incident report was completed and submitted to Dept. of Health on 12/17/07. Agency will send incident report to licensing auth and APS in the future. B. Exec. dir or agent will conduct an internal investigation on incident reports to include witness statements, corrective action for prevention of future incidents and any discipline of staff. Investigation reports will be made available to surveyors or inspectors	

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A33	Continued From page 9 elopement from 01/11/08 had been reported yet. He stated, "No." D. On 01/14/08 at 1:45 PM, the Administrator was asked why the incident was not reported. She stated, "I didn't even think about it." When asked if it should have been reported, she stated, "Yes."	A33		
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 10 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		

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A34	Continued From page 11 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.	A34		

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	5772	A. BUILDING _____ B. WING _____	C 01/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A34	Continued From page 12 (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: 22739 7.8.2.34 Based on record review and interviews, the facility failed to maintain a safe environment for three of three (R1, 2 and 3) residents. The findings are: A. The Administrator was asked 01/14/08 to provide a list of all individuals who currently had "Livesavers" bracelets on. The list consisted of R1, 2 and 3. B. An Incident Report was received by the Department of Health 12/28/07 stating R1 had eloped from the facility 12/15/07 in the evening and was not found until the following day. The report also stated, he had a tracking bracelet on	A34	A34. B. Inservice was conducted with the Sheriff's dept. for retraining the staff on daily monitoring of tracking bracelet. A daily log is being completed to insure batteries are good. If they are weak the Sheriff's office will be notified to schedule replacement. Staff was also informed to contact sheriff's dept. immediately when a resident is missing	12/21/07

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A34	Continued From page 13 him from the Sheriff's Department, but the batteries had gotten low and it did not function." C. During an interview with the Administrator 01/14/08 at 9:00 AM, she was asked who was responsible for checking the batteries of the tracking bracelets. She stated, "I found out that night we were." When asked what happened to R1 when he eloped and was found the next day, she stated he was found with cuts and bruises on his body and a broken nose. D. During an interview 01/14/08 at 1:15 PM with the Liuetenent responsible for the program that provides the tracking bracelets, he reported the facility was responsible for checking the batteries and the facility should have known they were responsible because the in-service and Caregiver's Instruction Sheet that accompanies those in-services state the facility should check the batteries daily and how to check them. He further stated that the night R1 eloped, his braelet was working but was so weak that, "It was not functioning at all" in terms of being able to assist in locating him. He reported that he asked when the last time the batteries were checked and was told the facility did not know when the batteries were last checked. He further stated that the facility failed to call him immediately when R1 was discovered missing and that they waited until they had completed a facility check before calling which is, again, against the protocol of the program. He reported the facility should call them immediately upon discovering an individual on the program missing.	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	A35		

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A35	Continued From page 14 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. (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	A35		

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A35	Continued From page 15 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: Surveyor: 22739 7.8.2.35 Based on record review and interview, the facility failed to ensure the review of the medication	A35		

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A35	Continued From page 16 regimen noted accuracy for four of six (R1, 4, 5 and 6) residents sampled. The findings are: A. On 01/14/08, review of R1's chart revealed he was admitted 10/19/05 with a diagnosis of Dementia and Diabetes Melllutlitus. 1. Review of the Medication Administration Record (MAR) revealed missing entries for the months of November 2007 through January 2008 for Blood Sugar checks. 2. Physician Orders dated 10/19/05 revealed the facility was instructed to contact the Physician if his blood sugar reading was above 400. B. On 01/14/08, review of R4's chart revealed she was admitted 11/26/07 with a diagnosis of Diabetes Mellulitus and Coronary Artery Disease. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of December 2007 and January 2008. 2. Review of Physician's Orders dated 11/27/07 revealed the facility was to conduct blood sugar checks four times a day. C. On 01/14/08, review of R5's chart revealed she was admitted 03/01/07 with a diagnosis of Cerebral Vascular Accident and Diabetes Mellulitus Type II. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of October 2007 through January 2008. 2. Review of Physician's Orders dated 04/13/05 revealed the facility was to conduct blood sugar checks twice a day. D. On 01/14/08, review of R6's chart revealed he was admitted 03/01/07 with a diagnosis of Hypertension and Diabetes Mellulitus. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of	A35	A35 A1. weekly review of MAR's will be conducted by the dir. monthly by the nurse also the pharmacy consultant will be reviewing quarterly. ongoing 2. P.O.'s and any new information on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08 B1. weekly review of MAR's will be conducted by the dir. monthly by the nurse, also the pharmacy consultant will be reviewing quarterly. ongoing 2. P.O.'s and any new info on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08	

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A35	Continued From page 17 November 2007 through January 2008. 2. Review of Physician's Orders dated 04/27/06 revealed the facility was to conduct blood sugar checks twice a day. J. During an interview 01/14/08 at 10:50 AM, the Administrator was shown several charts and asked if there should be current entries about all the residents. She stated, "Yes, there's absolutely nothing here." When asked if it was important to chart items, she stated, "Yes." M. During an interview 01/14/08 with the Director of Nursing at 1:55 PM, she was asked about the missing entries on the MAR and the Caregiver's Notes. In response to the MAR, she stated, "I don't monitor them all the time. I can check them but I might monitor every couple of months." When shown again how many months had missing entries, she stated, "We've gone over holes before (meaning training staff to fill out the MAR)." N. During an interview 01/14/08 at 3:30 PM with the Pharmacy Consultant, he was asked if he checked the entries on the MAR regarding the blood sugar levels. He stated he did check them for Nursing Homes but not Assisted Living facilities. He stated he would begin to do so.	A35	C1. weekly review of MAR's will be conducted by the dir. monthly by the nurse, also the pharmacy consultant will be reviewing quarterly. 2. P.O.'s and any new info on residents are now posted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. D1. weekly review of MAR's will be conducted by the dir. monthly by the nurse, also the pharmacy consultant will be reviewing quarterly. 2. P.O.'s and any new info on residents are now posted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them.	ongoing 1/18/08 ongoing
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is	A36		1/18/08

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A36	Continued From page 18 given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. 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 by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff	A36	J. All staff were inserviced on the importance of documentation for MAR's and change of condition. Staff are to use the communication books located in each bldg. to make entries regarding change of condition (physical or mental) Staff are to complete a change of condition form and submit to the exec. dir. who will review and transfer to the agency nurse. M. weekly review of MAR's will be conducted by the director, ~~weekly~~ monthly by the nurse and quarterly by the pharmacy consultant.	1/18/08 ongoing

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A36	Continued From page 19 administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22739 7.8.2.36	A36	B2. will obtain physician consent for assistance of blood sugar checks on all diabetic residents. C2. will obtain physician consent for assistance of blood sugar checks on all diabetic residents. D2. will obtain physician consent for assistance of blood sugar checks on all diabetic residents.	1/21/08 1/21/08 1/21/08

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A36	Continued From page 20 Based on record review and interview, the medication assistants performed fingersticks for three of six residents (R1, 5, and 6) sampled. The findings are: A. Review of the Assisting with Medications the Right Way, 1st Edition, dated April 1999 by the New Mexico Health Care Association Manual states on Page 5, "You cannot help a resident take certain kinds of medications, including shots, or injections, or other types of medications that are invasive or that penetrate the body." B. Review 01/14/08 of R1's medical record revealed he was admitted to the facility 10/19/05 with a diagnosis of Diabetes Mellulitis. 1. Review of his Medication Administration Record (MAR) revealed entries for blood sugar levels through the use of fingersticks (a needle that penetrates the skin, samples the blood drawn and registers a reading indicating the level of sugar in the blood). 2. Review of R1's Resident Assessment dated 04/30/07, Section 35.1.5 Unable to administer own medication revealed "Y" for Yes. 3. Review of R1's Service Plan dated 10/20/05 and reviewed 04/30/07, Section D. states, Unable to admin. (administer) own meds. (medications) C. Review 01/14/08 of R5's medical record revealed she was admitted to the facility 03/01/07 with a diagnosis of Diabetes Mellulitis Type II. 1. Review of her MAR revealed entries for blood sugar levels through the use of fingersticks. 2. Review of R2's Resident Assessment dated 12/05/07, Section 33.1.5 Unable to administer own medication revealed "Y" for Yes. D. Review 01/14/08 of R6's medical record	A36		

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A36	Continued From page 21 revealed he was admitted to the facility 03/01/07 with a diagnosis of Diabetes. 1. Review of R6's MAR revealed entries for blood sugar levels through the use of fingersticks. 2. Review of R6's Resident Assessment dated 04/30/07, Section 35.1.5 Unable to administer own medication revealed "Y" for Yes. E. During an interview with the Administrator 01/14/08 at 3:45 PM, she confirmed that residents were receiving fingersticks by the Medication Assistants and not being self-administered or done by a licensed health care professional. Based on record review and interview, the facility failed to complete the Medication record for four of six (R1, 4, 5 and 6) residents sampled. The findings are: A. On 01/14/08, review of R1's chart revealed he was admitted 10/19/05 with a diagnosis of Dementia and Diabetes Melllutlitus. 1. Review of the Medication Administration Record (MAR) revealed missing entries for the months of November 2007 through January 2008 for Blood Sugar checks. 2. Physician Orders dated 10/19/05 revealed the facility was instructed to contact the Physician if his blood sugar reading was above 400. B. On 01/14/08, review of R4's chart revealed she was admitted 11/26/07 with a diagnosis of Diabetes Mellulitus and Coronary Artery Disease. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of December 2007 and January 2008. 2. Review of Physician's Orders dated 11/27/07 revealed the facility was to conduct blood sugar checks four times a day.	A36	A1. weekly review of MAR's will be conducted by the dir., monthly by the nurse and quarterly by the pharmacy consultant. ongoing 2. P.O.'s and any new information on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the document. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08 B1. weekly review of MAR's will be conducted by the dir., monthly by the nurse, and quarterly by the pharmacy consultant. ongoing 2. P.O.'s and any new information on residents are now pasted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08	

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ADOBE ASSISTED LIVING #1 (THE)	1111 E MOUNTAIN LAS CRUCES, NM 88001

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A36	Continued From page 22 C. On 01/14/08, review of R5's chart revealed she was admitted 03/01/07 with a diagnosis of Cerebral Vascular Accident and Diabetes Mellulitus Type II. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of October 2007 through January 2008. 2. Review of Physician's Orders dated 04/13/05 revealed the facility was to conduct blood sugar checks twice a day. D. On 01/14/08, review of R6's chart revealed he was admitted 03/01/07 with a diagnosis of Hypertension and Diabetes Mellulitus. 1. Review of the MAR revealed missing entries for Blood Sugar checks for the months of November 2007 through January 2008. 2. Review of Physician's Orders dated 04/27/06 revealed the facility was to conduct blood sugar checks twice a day. E. During an interview 01/14/08 at 10:50 AM, the Administrator was show several charts and asked if there should be current entries about all the residents. She stated, "Yes, there's absolutely nothing here." When asked if it was important to chart items, she stated, "Yes." F. During an interview 01/14/08 with the Director of Nursing at 1:55 PM, she was asked about the missing entries on the MAR. She stated, "I don't monitor them all the time. I can check them but I might monitor every couple of months." When shown again how many months had missing entries, she stated, "We've gone over holes before (meaning training staff to fill out the MAR)." When asked if she was responsible for overseeing the MAR, she stated, "When I started, I was told to do the assessments, answer	A36	C1. weekly review of MAR's will be conducted by the dir., monthly by the nurse and quarterly by the pharmacy consultant. ongoing 2. P.O.'s and any new information on residents are now posted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08 D1. weekly review of MAR's will be conducted by the dir., monthly by the nurse and quarterly by the pharmacy consultant. ongoing 2. P.O.'s and any new information on residents are now posted in the med room for all med-techs and agency nurse to review. Staff will be instructed to read and initial acknowledgment that they have read the documents. P.O.'s will be filed accordingly after all med-techs have read them. 1/18/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5772	A. BUILDING _____ B. WING _____	C 01/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A36	Continued From page 23 questions and do new admissions." G. Review 01/14/08 of the Policy, "Nursing Services..." Number 11. read, "Monthly review of MARS and Narcotic count."	A36	E. All staff were inserviced and retrained on entering all changes in condition, dr. appt and medication. F All staff were inserviced on the importance of documentation for MAR's and change of condition. Staff are to use the communication books located in each bldg. to make entries regarding change in condition (physical or mental) Staff are to complete a change of condition form and submit to the exec. dir. who will review and transfer to the agency nurse. g. nurse will do monthly verification of narcotics to ensure count is correct.	1/18/08 1/18/08 ongoing