Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5720	A. BUILDING _____ B. WING _____	05/23/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACANTILADO VISTA	920 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124

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A 8	7 NMAC 8.2.8 Application for Licensure 7.8.2.8 APPLICATION FOR LICENSURE: A. INITIAL APPLICATION: Prior to beginning operation, change of licensee, or change of location, the following must be submitted for each facility location to the Licensing Authority for approval: (1) Health Facility License Application and Fee. (2) Program Narrative must identify or expand upon the primary population and special needs and services as identified on the application form and must identify at a minimum: (a) A description of the characteristics of the population to be served. (b) A description of the services and care to be provided to residents. (c) A description of anticipated professional service needs. (3) Resident assessment form that will be utilized by the facility. (4) Floor plans shall be of a professional quality, 1/4" to 1 foot scale, and accurately reflect the following information: EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. (a) Label room use and occupancy of all rooms. (b) Provide dimensions of rooms, windows and doors, type of window and doors, and indicate the swing of the door. (c) Indicate location of toilets, sinks, tubs, showers. (d) Any floor level changes within the building. (e) A wall section with all exterior and interior finishes labeled. (f) Site plan locating the building with dimensions to other structures and property lines. (g) Indication of new, existing, addition or remodeled construction. (5) Building and zoning approval. EXCEPTION: Adult residential care facilities with three (3) or	A 8	Planned 6-15-07 KV	

Catherine Shawver General Manager — 6/13/07

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

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A 8	Continued From page 1 fewer residents are not required to submit building or zoning approvals. (6) Fire authority approval. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit fire authority approvals or inspections. (7) A permit or letter of exemption from the Environmental Improvement Division for the kitchen facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit Environmental Improvement kitchen approvals or inspections. (8) Tuberculosis test results for facility staff and family living in the facility on first employment and after exposure to an active case of infectious tuberculosis. (a) Tuberculosis test shall have been obtained not more than 90 days prior to date of first employment at the facility. (b) TB tests will be required in accordance with the Public Health Act, 24-1-3 and 24-1-2 NMSA 1978. (9) The Licensing Authority shall not issue a new license if the applicant has had a health facility license revoked or denied renewal, or has surrendered a license under threat of revocation or denial of renewal, or has lost certification as a Medicaid provider as a result of violations of applicable Medicaid requirements. The Licensing Authority may refuse to issue a new license if the applicant has been cited repeatedly for violations of applicable regulations found to be Class A or Class B deficiencies as defined in Health Facility Sanctions and Civil Monetary Penalties, 7 NMAC 1.8, or has been non-compliant with plans of correction. (10) In every application, the applicant shall provide the following information: (a) The identities of all persons or business entities having authority, directly or indirectly, to	A 8		

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A 8	Continued From page 2 direct or cause the direction of the management on policies of the facility; (b) The identities of all persons or business entities having five percent (5%) ownership whatsoever in the facility, whether direct or indirect, and whether the interest is in profits, land or building, including owners of any business entity which owns any or part of the land or building; (c) The identities of all creditors holding a security interest in the premises, whether land or building and (d) In case of a change of ownership, disclosure of any relationship or connection, whether direct or indirect, between any person or entity disclosed pursuant to this section by the new licensee. (11) The applicant shall provide to the Department, for each person or entity disclosed pursuant to Paragraph (10) of Subsection A of 7.8.2.8 NMAC, information regarding criminal convictions, civil actions alleging fraud, embezzlement or misappropriation of property, and any state or federal adverse action resulting in suspension or revocation of any permit or business or professional license. (12) The new licensee shall submit evidence to establish that he or she has sufficient resources to permit operation of the facility for a period of six (6) months. (13) The Department shall not issue a license until the applicant has supplied all information required by these regulations. B. APPLICATION FOR AMENDED LICENSE: A licensee must submit an application for an amended license, with the required fee, to the Licensing Authority upon change of facility administrator/director, facility name, or capacity. (1) Application for change of facility director or	A 8		

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A 8	Continued From page 3 name must be submitted within ten (10) working days of the change. (2) Application for increase in capacity must be accompanied by a floor plan of professional quality including the requirements stated in Subparagraph (a) of Paragraph (4) of Subsection A of 7.8.2.8 NMAC through Subparagraph (d) of Paragraph (4) of Subsection A of 7.8.2.8 NMAC of these regulations. A facility shall not increase its resident census until the Licensing Authority has approved the increase and issued a license for the increased capacity. C. APPLICATION FOR RENEWAL LICENSE: Each facility must apply for a renewal of the annual license thirty (30) days prior to expiration by submitting the following: (1) An Application for Renewal of License and Fee. (2) Program Narrative, if the facility has changed its program or focus of services. (3) Current Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit a current fire inspection report. (4) The Licensing Authority may refuse to issue a new license if the applicant has been cited repeatedly for violations of applicable regulations found to be Class A or Class B deficiencies as defined in Health Facility Sanctions and Civil Monetary Penalties, 7 NMAC 1.8, or has been non-compliant with plans of correction. D. LICENSES are valid only for the facility to which it is issued and to whom the license is issued. A license may not be sold, assigned, or transferred. A license is not valid for any premises other than those for which originally issued. The license states the maximum number of residents who may be cared for in the facility. (1) TEMPORARY LICENSE. A temporary license may be issued to a new facility before residents	A 8		

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A 8	Continued From page 4 are admitted. (a) A temporary license shall cover a period of time, not to exceed one-hundred twenty (120) days, during which the facility must correct all specified deficiencies. (b) No more than two (2) consecutive temporary licenses shall be issued. (2) ANNUAL LICENSE. An annual license may be issued for a period not to exceed one (1) year from the date of issuance when compliance with resident care has been determined. E. DISPLAY OF LICENSE. The facility shall display the license in a conspicuous public place that is visible to residents, staff and visitors. [7-1-64, 9-15-70, 5-26 This REQUIREMENT is not met as evidenced by: 7.8.2.8 B. (1) Based on record review and interview the facility failed to submit an application for change of facility director/administrator within ten (10) working days of the change. The findings are: A. Record review on 5/21/07 revealed an Adult Residential Care license with a different name than the Administrator and an expiration date of 5/31/07. A letter from the Operations Director revealed the present Administrator was hired on November 1, 2006. B. In an interview with the Administrator on 5/21/07 at 1:52 PM, the administrator stated she was hired as the new Administrator in October 2006. C. In the exit interview with the Administrator and the Health and Wellness Director on 5/22/07 at	A 8	7.8.2.8B Current administrator has currently applied and received renewal of license Residents would be affected by this deficiency do to not knowing who to voice concerns too. Prior to change in administrator or renewal of licensing current administrator will ensure proper license is current and updated if necessary, within 10days of administrator change. Deficiency was corrected on May 2007 and facility license is current.	

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A 8	Continued From page 5 8:20 AM, the Administrator acknowledged application for change of facility director had not been submitted within 10 days of the change.	A 8		
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	A19		

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A19	Continued From page 6 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. (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	A19		

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A19	Continued From page 7 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 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: 7.8.2.19 C. Based on record review and interview the facility failed to convene a team to jointly determine if the resident should be allowed to remain in the facility for 1 of 1 resident (R1) who required a greater degree of care than the facility would normally provide. The findings are: A. Record review on 5/21/07 revealed a sign in/sign out sheet from a Home Health Agency	A19	7.8.2.19C Facility will convene a team meeting comprised of all interested parties. Retention of admission meeting Submit to proper licensing authority within five days of completion for approval Other residents would have the potential to be affected by this deficiency as our service plans are based on specific	

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A19	Continued From page 8 providing skilled nursing services for wound care from 9/9/06 to 11/6/06. The residents chart had no other documentation referring to the skilled nursing for the wound care. B. In an interview with the with the Administrator and the Health and Wellness Director on 5/21/07 at 3:32 PM, the Administrator and the Health and Wellness Director acknowledged resident R1 had a skin tear on her arm resulting from a fall and resident R1 received skilled nursing services from a Home Health Agency for the wound. The Administrator and the Health and Wellness Director also acknowledged there was no team meeting to jointly determine if the resident should be allowed to remain in the facility.	A19	individuals needs Health and Wellness Director will monitor all documenting of outside agency and ensure it is completed. Facility will implement an agreement with outside agencies regarding documentation. The agreement will be sent by 6-20-07 the agencies that we will be sending them to will be Gentiva, Presbyterian Home Care, and Heritage Home Care and any new agencies giving care to our residents, and if the agencies do not comply with this agreement by 7-1-07 they will not be able to care for our residents.	
A26	7 NMAC 8.2.26 RESIDENT ASSESSMENT 7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence.	A26		

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A26	Continued From page 9 (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.26A. Based on record review and interview, the facility failed to review the resident assessment every six months for 2 of 6 sampled residents (33.3%). The findings are: A. Review of R2's resident records revealed that R2's resident assessment was signed as reviewed on 3/20/06 and 1/15/07 (10 month gap). B. Review of R3's resident records revealed that R3's resident assessment was signed as reviewed on 8/28/06 and 3/15/07 (7 month gap). C. During the exit-interview with the Administrator, Administrative Assistant, and	A26	7. 8. 2.26A Health and Wellness Director will monitor needed assessments on Leisure Care computerized tool on a weekly basis and complete assessment on a needed basis. Resident's current needs and abilities would be identified. Resident Aides would be unaware of changes in residents needs if documentation is not present and made available to them Health and Wellness Director will check assessments on a weekly basis using the Leisure Care Tool computerized program (R-25) and ensure the service plan and flow record are up to date. Deficiency was corrected Health and Wellness Director will review all residents assessments and complete as needed in a timely manner. Needs and Abilities Assessment to be done within five days of admission.	

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A26	Continued From page 10 Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to review R2 and R3's assessments every six months.	A26		
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 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: 7.8.2.27 B. Based on record review and interview the facility failed to address in the individual service plan the	A27		

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A27	Continued From page 11 skilled nursing services received by 1 of 1 resident (R1). The findings are: A. Record review on 5/21/07 revealed a sign in/sign out sheet from a Home Health Agency providing skilled nursing services for wound care from 9/9/06 to 11/6/06 for resident R1. The resident's individual service plan had no documentation referring to the skilled nursing for the wound care or any reference to the wound. B. In an interview with the with the Administrator and the Health and Wellness Director on 5/21/07 at 3:32 PM, the Administrator and the Health and Wellness Director acknowledged resident R1 had a skin tear on her arm resulting from a fall and resident R1 received skilled nursing services for the wound. The Administrator and the Health and Wellness Director also acknowledged there was no documentation in the individual service plan referring to the skilled nursing for the wound care received by resident R1. 7.8.2.27A. Based on record review and interview, the facility failed to review the individual service plan (ISP) at least every six months for 2 of 6 sampled residents (33.3%). The findings are: A. Review of R2's resident records revealed that R2's ISP was signed as reviewed on 6/12/06 and 1/15/07 (7 month gap). B. Review of R3's resident records revealed that R3's ISP was signed as reviewed on 9/12/06 (8+ months ago). C. During the exit-interview with the	A27	7.8.2.27. B Health and Wellness Director will monitor Individual service plans on an as needed basis and will complete in allotted time using the leisure care computerized tool as a trigger for needed (R-25) Health and Wellness Director will monitor documentation by all outside agencies for Health and Wellness residents residing in a licensed apartment. Check residents services as identifies in individual service plan and noted on the service plan and flow record. Facility and resident aides would not know who would be responsible for	

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A27	Continued From page 12 Administrator, Administrative Assistant, and Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to review R2 and R3's ISP's every six months.	A27	providing services, goals and outcome of service. Health and Wellness Director will monitor all needed individual service plans using the computerized leisure care tool (R-25)	
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	A35	Resident's assistants are aware of residents needs through (i.e.) notebooks, communication book, service plan and flow record task sheets. All resident assistants are required to review service plans notebooks daily on all shifts. Health and Wellness Director will review all residents' individual service plans and complete as needs in a timely manner Upon admission to the facility within fourteen days the Health and Wellness Director will develop and implement the individual service plan .	

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A35	Continued From page 13	A35		

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 medications.

[7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86,

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A35	Continued From page 14 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: 7.8.2.35 B. (2) Based on record review and interview the facility failed to have accurate records for receipt of medications to enable an accurate reconciliation for 1 of 1 resident (R1). The findings are: A. Record review on 5/21/07 revealed records of receipt of the prescription Altace 10 mg for resident R1 with no count of the original number of tabs received. B. In an interview with the Health and Wellness Director on 5/21/07 at 3:58 PM, the Health and Wellness Director acknowledged resident R1's original count for the prescription Altace 10 mg was not documented.	A35	7.8.2.35.B All medications received by facility either from independent residents moving to assistant living or outside source will be counted and documented upon receipt of medications . Sufficient supply of medication compiling with doctors orders Health and Wellness Assistant Director and resident aides will count and document all incoming medications Deficiency was completed upon notification of licensing authority.	
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 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	A36		

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A36	Continued From page 15 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 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	A36		

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A36	Continued From page 16 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: 7.8.2.36 I. Based on record review and interview the facility failed to notify the physician of a medication error or document the nature of the medication error for 1 of 1 resident (R1). The findings are: A. Record Review on 5/21/07 revealed the Medication Administration Record for resident R1 had 'error' entered in the space above the initials of staff assisting with the medication Altace for the date, 5/14/07. There were no notes or	A36	7.8.2.36 I All medication errors will be reported and documented to doctors in a timely manner per Leisure Care policy. All mars will be removed from medication assistance record book and will be discontinued in service plan and resident note upon move-out or discontinuation of the medication assistance service. All resident aides will sign Medication Assistance Record prior to assisting	

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A36	Continued From page 17 documentation referring to or stating what the error was and no documentation of physician notification. B. In an interview with the Health and Wellness Director on 5/21/07 at 4:00 PM, the Health and Wellness Director acknowledged she could not explain the error. 7.8.2.36G.(9) Based on record review and interview, the facility failed to document dates when medication was discontinued or changed on the Medication Administration Record (MAR) for 1 of 6 sampled residents (16.7%). The findings are: A. Review of R5's resident records revealed R5's written consent dated 3/15/07 authorizing facility staff to assist him with medications. B. Review of R5's MAR revealed that facility staff "DA" assisted R5 with medications on 3/16/07. C. During an interview with the Health & Wellness Director on 5/21/07 at 3:15 p.m., the Health & Wellness Director revealed that facility staff assisted R5 with medications on 3/16/07 but discontinued the assistance. The Director acknowledged that neither R5's resident records nor his MAR contained documentation explaining why facility assistance was discontinued. 7.8.2.36F.(10) Based on record review and interview, the facility failed to include the name of all staff administering medications on the Medication Administration Record (MAR) for 1 of 6 sampled	A36	resident with medication administration at the beginning of the month Not following doctor's orders possible side affects of taking prescribed medication Charge for a service resident is not receiving Question of who gave medication if error occurs Health and Wellness Director will inform all personnel assisting residents with medication administration of signature of Medication Assistance Records policy and monitor according. Deficiency was corrected upon notification from licensing authority	

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A36	Continued From page 18 residents (16.7%). The findings are: A. Review of R5's MAR revealed that on 3/16/07 "DA" initialed the document as having assisted R5 with medications. However, the signature appearing on the back of the MAR was that of another facility employee. B. During the exit-interview with the Administrator, Administrative Assistant, and Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to include the name (signature) of all staff administering medication on R5's MAR.	A36		
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35	A38		

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A38	Continued From page 19 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below. E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.38 E. Based on observation and interview the facility failed to label and date perishable foods in the refrigerator for 4 of 5 food items observed. The findings are: A. During tour of the facility's walk-in refrigerator on 5/21/07 at 7:45 AM, the following four (4) food containers were observed to not have dates or any labels: 1) one container of fruit salad,	A38	7.8.2.38E Food storage labels were obtained and all kitchen staff was in-serviced on proper food labeling and dating. Documentation of in-service and materials covered included Sous-Chef and the Executive Chef will be assigned to ensure task is completed on a daily basis. Practice of correct not labeling and dating of product correctly has the potential to impact all residents at the	

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A38	Continued From page 20 2) one container of cut celery, 3) one container chile, and 4) one container of sliced meat. B. In an interview with the Executive Chef on 5/21/07 at 7:47 AM, the Executive Chef acknowledged that perishable foods have not been labeled appropriately with dates.	A38	community. Chef and kitchen staff will label and date all food items prior to storage per Leisure Care policy and State standards. All staff will be responsible for monitoring all food storage. Deficiency was corrected upon notification of licensing authority	
A46	7 NMAC 8.2.46 WATER 7.8.2.46 WATER: A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries. B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority. C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.46C.	A46		

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A46	Continued From page 21 Based on observation and interview, the facility failed to maintain the hot water temperature accessible to residents at a minimum of 95 degrees F and a maximum of 110 degrees F. The findings are: A. Observation and testing of the water in resident bathroom # 1 with an indicating thermometer on 5/21/07 at 3:30 p.m. revealed that the hot water temperature in the sink was 115.1 degrees F. B. Observation and testing of the water in resident bathroom #3 with an indicating thermometer on 5/21/07 at 3:30 p.m. revealed that the hot water temperature in the sink was 110.4 degrees F. C. During the exit-interview with the Administrator, Administrative Assistant, and Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to maintain the hot water temperature accessible to residents within the acceptable range of 95 degrees F to 110 degrees F.	A46	7.8.2.46 Plant Operations Supervisor has lowered the temperature on hot water heaters With elevated temperature residents could be endanger of injury Plant Operations Supervisor will monitor temperatures on a weekly basis and randomly test apartments on all three floors (i.e. closest and farthest from the water heaters) Document temperature test results in the temperature log book. Ongoing with testing with temperature maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit	
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation.	A63		

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A63	Continued From page 22 B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.63 D. Based on record review and interview the facility	A63		

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A63	Continued From page 23 failed to conduct monthly fire drills for 2 of the last 12 months. The findings are: A. Record review on 5/21/07 revealed no documentation of fire drills being conducted during the month of May 2006 or for the month of August 2006. B. In an interview with the Maintenance Operations Supervisor on 5/21/07 at 8:20 AM, the Maintenance Operations Supervisor acknowledged there was no record of fire drills being conducted during the month of May 2006 or for the month of August 2006. 7.8.2.63 D. (4) Based on record review and interview the facility failed to record evacuation time in total minutes for 9 of the 10 fire drills held in the past year. The findings are: A. Record review on 5/21/07 revealed no recording of evacuation time in total minutes for 9 of the 10 fire drills held in the past year. B. In an interview with the Maintenance Operations Supervisor on 5/21/07 at 8:20 AM, the Maintenance Operations Supervisor acknowledged there was no recording of evacuation time in total minutes for 9 of the 10 fire drills held in the past year.	A63	7.8.2.63 Plant Operations supervisor will conduct monthly fire drills on each shift and document evacuation times on current fire drill log. All residents and Staff have the potential to be affected by this as residents and staff would not be unaware of safe practices if a fire would occur evacuation process would not be clear. Plant operations Supervisor will conduct monthly fire drills on each shift and document evacuation times Fire drills will be completed on a monthly basis and ongoing continuing education of drills and fire safety, the following drills were completed on 5-24-07 day shift, 6-8-07 evening shift, 6-14-07 night shift	
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same	A66		

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A66	Continued From page 24 may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.66; 7.1.9.8A. NMAC (Caregivers Criminal History Screening Requirements) Based on record review and interview, the facility failed to apply for a caregiver criminal history screening (CCHS) upon offer of employment for 1 of 4 sampled staff (25%). The findings are: A. Review of S11's employment records revealed that the facility applied for and received S11 ' s nationwide CCHS clearance on 5/10/05. Further review of the records revealed that S11 terminated employment with the facility and was re-hired on 9/7/06. B. Review of S11's employment records revealed no evidence that the facility applied for a nationwide CCHS upon offer of employment to S11 on 9/7/06. C. During the exit-interview with the Administrator, Administrative Assistant, and Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to apply for S11's nationwide CCHS upon offer of employment on 9/7/06.	A66	7.82.66 Any employee to be hired or rehired would have EAR clearance before employment. All newly rehired employees will be cleared through CCHS and EAR, within 20 days of employment Staff and residents would be affected because of unqualified staff would be working in the facility. Administrative Assistant will obtain release by CCHS, EAR required by Adult Residential Care Facilities. Also update files required by licensing authority Deficiency was corrected upon notification of state licensing authority.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5720	A. BUILDING _____ B. WING _____	05/23/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A66	Continued From page 25 7.8.2.66; 7.1.9.8F. NMAC (Caregivers Criminal History Screening Requirements) Based on record review and interview, the facility failed to apply for a caregiver criminal history screening (CCHS) within 20 calendar days from the first day of employment for 2 of 4 sampled staff (50%). The findings are: A. Review of S11's employment records revealed that S11's first day of employment was 9/7/06. There was no evidence that the facility applied for a CCHS for S11. B. Review of S12's employment records revealed that S12's first day of employment was 5/19/06. Employment records revealed that the facility applied for S12's CCHS on 7/11/06. C. During the exit-interview with the Administrator, Administrative Assistant, and Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to apply for S11 and S12's CCHS within 20 calendar days from the first dates of their employment. 7.8.2.66; 7.1.12 (Employee Abuse Registry) Based on record review and interview, the facility failed to conduct an Employee Abuse Registry (EAR) inquiry prior to employment for 1 of 4 sampled staff (25%). The findings are: A. Review of S11's personnel file revealed no evidence that the facility conducted an EAR inquiry prior to employment of S11 on 9/7/06. B. During the exit-interview with the Administrator, Administrative Assistant, and	A66		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5720	A. BUILDING _____ B. WING _____	05/23/2007

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A66	Continued From page 26 Health & Wellness Director on 5/22/07 at 8:20 a.m., the Administrator acknowledged that the facility failed to conduct an EAR inquiry prior to employment of S11 on 9/7/06.	A66		