Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2160	A. BUILDING _____ B. WING _____	R 05/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHT N GAIL ASSISTANT LIVING	7621 PROSPECT AVENUE ALBUQUERQUE, NM 87110

(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
{A13}	7 NMAC 8.2.13 Grounds for Revocation or Suspension of Licen	{A13}		

7.8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES:

A. When the Licensing Authority determines that an application for renewal of a license is to be denied, or that a license is to be revoked, the Licensing Authority shall provide written notification to the adult residential care facility, the residents of the adult residential care facility and the surrogate decision maker for the resident.

B. A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following reasons:

1. Failure to comply with any provision of these regulations.
2. Failure to allow a survey by authorized representatives of the Licensing Authority.
3. Hiring or retaining any employee who has been convicted of a felony or misdemeanor related to abuse, neglect or exploitation, trafficking in controlled substances, criminal sexual penetration or related sexual offenses.
4. Misrepresentation or falsification of any information on application forms or other documents provided to the Licensing Authority.
5. Discovery of repeat violations of these regulations.
6. Failure to provide the required care and services as outlined by these regulations for the residents receiving care from the facility.
7. Exceeding licensed capacity.

ED Scanned 06-25-10

RECEIVED
JUN 2010
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

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

Manager/Owner
TITLE

6/23/10
(X6) DATE

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{A13}	Continued From page 1 8. Failure to provide an acceptable plan of correction. 9. Abuse, neglect or exploitation of any patient/client/resident by facility operator, staff or relatives of operator/staff. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 6-15-98; 7.8.2.13 NMAC - Rn, 7 NMAC 8.2.13, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.13 B. (7) Repeat Deficiency from Inital survey date of 04/01/10 Based on observation, record review and interview the facility failed to adhere to the license capacity. The findings are: A. On 05/25/10 during the initial tour of the facility, it was observed that the current census is seven (7) residents in the facility and the temporary license # NM2160 capacity is for three (3). 1. During review of the residents records, seven (7) records were reviewed, and noted. B. During interview on 05/25/10 at 11:30 AM with the administrator, she confirmed that the facility is operating with total of seven (7) residents in the facility.	{A13}	7 NMAC 8.2.13 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE 1. The facility has 5 residents on 6/22/10 and the owner/administrator is submitting the required paperwork to change the licensure from 3 residents to 8 residents. 2. To protect the safety of all residents it is necessary to have a licensure to meet the number of residents housed in a facility. 3. The owner/administrator shall comply with all licensing requirements for 8 residents while awaiting the change in licensure and shall not operate over capacity in the future. 4. Date of Completion is 07/01/10.	
{A17}	7 NMAC 8.2.17 Personnel 7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:	{A17}		

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{A17}	Continued From page 2	{A17}		

A. Qualifications for all professional and non-professional disciplines.

B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.

C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.

D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions.

[4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00]

This REQUIREMENT is not met as evidenced by:
Refer to 7.8.2.17 C. Repeat Deficency from Inital Survey date of 04/01/10

Based on record review and interview the facility failed to implement written personnel policies to address the following staff training for S1 and S2.

The findings are:

A. During record review on 05/25/10, no

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{A17}	Continued From page 3	{A17}		

documentation of the following staff training was seen or provided : Staff training appropriate to staff responsibilities including at a minimum, an orientation and an ongoing, but at least annual, program which includes: fire safety, first aid,safe food handling practices, confidentiality of records and resident information, infection control, residents rights, reporting requirements for abuse,neglect, and exploitation, providing quality resident care based on current resident needs.

B. During interview on 05/25/10 at 10:30 AM with the administrator, she acknowledged that no training for S1 or S2 had been done.

{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

{A17}

7 NMAC 8.2.17 PERSONNEL

1. Staff training has been initiated by the owner/administrator for all staff to meet the requirements for the new regulations. 2. Staff training is very important to assure safety and good care for all residents. 3. The owner/administrator shall continue to provide ongoing inservice training for all staff as outlined in the regulations. 4. Date of Completion is 7/01/10.

{A22}

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{A22}	Continued From page 4	{A22}		

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 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

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{A22}	Continued From page 5	{A22}		

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 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

7 NMAC 8.2.22 RESIDENT RECORDS

A. 1. The admission agreement for all residents R1-R7 have been completed, signed and dated. 2. It is necessary for admission agreements to be signed, dated and completed upon admission to assure that residents and families have the understanding of services provided and fees charged. 3. The owner/administrator shall complete all admission agreements for future residents upon admission and have them signed and dated. Date of Completion is 06/01/10.

7 NMAC 8.2.22 RESIDENT RECORDS

1. 1. The physicians for all residents have been notified via fax and at least one request has been made for a history and physical exam. The owner/administrator shall document interactions with office personnel and continue to actively pursue obtaining the physical exams for all residents. 2. Having a current physical exam by a health professional within (5) to (30) days of admission is necessary for staff to know the problems and needs of the residents to better care for them and meet their needs. 3. The owner/administrator shall pursue getting physical exams on all residents at time of admission or within the stated time frame of the regulation. Date of Completion is 07/01/10.

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{A22}	Continued From page 6	{A22}		

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 by:
Refer to 7.8.2.22 A.(2) (b)(c)
(3)(a) (b)(d)(e)(f) (g)(h)
B. (1)
Repeat Deficiency from Initial survey date of 04/01/10
Based on record review and interview the facility failed to include all required documents in the resident record for seven (7) of 7 residents (R1,R2,R3,R4,R5,R6,and R7).

The findings are:

A. The record review on 05/25/10 for three (3) of 7 residents, R4, R5and R7 revealed that the admission records were incomplete, there were no dates, or signatures for the admission agreements.

1. The record review on 05/25/10, for seven (7) of 7 residents revealed there were no admission physical examinations done by a licensed health care professional within five (5) days of admission or within 30 days of admission.

2.The record review on 05/25/10, for two (2) of 7 residents, R2 and R3 revealed there were no recent photographs.

3. The record review on 05/25/10, for seven (7) of 7 residents revealed there were no resident

7 NMAC 8.2.22 RESIDENT RECORDS
2. 1. All residents have recent photographs for resident identity. 2. Having a current photograph of the resident increases the safety for the residents as it is another way for staff to identify the resident during medication assistance and care. 3. The owner/administrator shall take an admission photograph of a resident upon admission and update all resident photos as the resident's looks change and at least annually. 4. Date of Completion 06/19/10

7 NMAC 8.2.22 RESIDENT RECORDS
3. 1. All residents have completed assessments in their resident record dated 04/28/10. 2. Assessments are necessary for identification of resident needs and changes in resident needs. 3. The owner/administrator shall complete resident assessments within 5 days of admission, with any significant change and every 6 months for all residents. Date of Completion is 04/28/10.

7 NMAC 8.2.22 RESIDENT RECORDS
4. 1. All residents have completed ISP's in their resident record dated 04/28/10. 2. ISP's are necessary for staff guidance for how to meet the resident's needs. 3. The owner/administrator shall hove a nurse complete the ISP's within 14 days of admission, with any significant change and every 6 months for all residents. Date of Completion is 04/28/10.

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{A22} Continued From page 7

assessments completed.

4. The record review on 05/25/10, for seven (7) of 7 residents revealed there were no individual service plans done within the required 14 day of admission period.

5. The record review on 05/25/10, for seven (7) of 7 residents revealed there were no entries by direct care staff.

6. The record review on 05/25/10, for seven (7) of 7 residents revealed there were no medication administration records.

7. The record review on 05/25/10, for three (3) of 7 residents R1, R2, and R7, revealed there were no written consent by resident or guardian for staff to assist with medications.

8. The record review on 05/25/10, for seven (7) of 7 residents revealed that the residents' record is not maintained and stored in an organized , accessible and permanent manner.

B. During interview on 05/25/10 at 10:00 AM with administrator, she stated she was not aware that all this information was needed for the record.

{A23} 7 NMAC 8.2.23 Fac, reports, Recs., P & RS & Rules

7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES:

A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility

{A22}

7 NMAC 8.2.22 RESIDENT RECORDS

5. 1. Staff care notes have been initiated for all residents every shift. 2. Charting is important to track the improvement, decline or change in resident's condition. 3. The owner/administrator shall review the staff care notes periodically to assure that compliance is being met. Date of Completion is 05/26/10.

7 NMAC 8.2.22 RESIDENT RECORDS

6. 1. All residents now have a MAR. 2. To protect the safety of a resident a MAR is necessary to know if meds have been given and when. 3. The owner/administrator shall complete a MAR as part of the admission process for every new resident and on all resident's every month and with every medication change, addition or deletion. Date of Completion is 05/28/10.

7 NMAC 8.2.22 RESIDENT RECORDS

7. 1. All residents have medication assistance authorization sheets signed and in their resident records. 2. This is necessary for resident's to know who is assisting them with their medications and the training and qualifications of that staff person. 3. The owner/administrator shall have a medication authorization form signed as part of the admission process for all new residents. Date of Completion is 05/25/10.

{A23}

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and make them available for review upon request of the Licensing Authority:

(1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports.

(2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints.

(3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file.

(4) TB test results of staff or any of their family members living in the facility.

(5) One (1) month of menus planned and as served.

(6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills.

(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel.

(8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC).

(9) Custodial Drug Permit: A valid

7NMAC 8.2.22 RESIDENT RECORDS

8. 1. Each resident record is tabbed and each tab is labeled as to the contents behind each tab. A table of contents shall be added to each resident record. 2. Keeping resident records orderly is necessary for providing accurate and complete care for each resident. 3. The owner/administrator shall oversee resident records for compliance on a periodic basis. Date of Completion is 07/01/10.

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{A23}	Continued From page 9	{A23}		

Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit.

(10) Vaccination of pets in the facility.

(11) Staff training.

(a) At orientation and on-going.

(b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...)

(c) Fire safety.

(d) First aid.

(e) Safe food handling practices.

(f) Confidentiality of records and resident information.

(g) Infection control (including universal precautions and linen handling).

(h) Resident rights.

(i) Providing Quality Resident care based on current resident need.

(j) Reporting requirements for Abuse, Neglect or Exploitation.

(12) A copy of License.

(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.

(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.

(15) A copy of the floor plans as approved for licensure.

B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:

(1) The use of tobacco and alcohol.

(2) The use of the telephone.

(3) Operation of television, radio, and

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stereo.

(5) Use and safekeeping of personal property.

(6) Meals.

(7) Use of common areas.

(8) Electric blankets or appliances used by residents.

C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:

(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).

(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).

(3) The handling or resident's funds, if the facility provides such services.

(4) Reporting of incidents, including abuse, neglect, and exploitation.

(5) Handling of complaints.

(6) Staff and resident fire and safety training.

(7) Smoking.

(8) The facility's bed hold policy.

(9) Admission agreement.

(10) Admission records.

(11) Resident records.

(12) Program Narrative.

(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives.

(14) Personnel policies.

(15) Identifying and safeguarding resident possessions.

(16) Securing medical assistance if a resident's own physician is not available.

(17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required

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NIGHT N GAIL ASSISTANT LIVING	7621 PROSPECT AVENUE ALBUQUERQUE, NM 87110

(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
{A23}	Continued From page 11	{A23}		

policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers.

(18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles.

(19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00]

This REQUIREMENT is not met as evidenced by:

Refer to 7.8.23 A.(3)(5)(6) (10)(11) Repeat Deficiency from Initial Survey Date of 04/01/10

Based on records review and interview, the facility failed to have on file, all required records/reports.

The findings are:

A. During review of the facility records on 05/25//10, no record of an environmental health authority survey was available

1. During review of reports, it was noted that there was no record of monthly fire drills, or staff training of fire safety.

2. During review of reports, it was noted that there was no record of monthly menus planned and served.

3. During record review on 05/25/10, no documentation of the following staff training was seen or provided : Orientation and ongoing, fire safety, first aide,safe food handling practices, confidentiality of records and resident

7 NMAC 8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/AND RULES

A. 1. Environmental Health survey report is on site, posted and dated 04/27/10. 2. For resident safety it is necessary for all residents and visitors to have access to inspection reports. 3. The owner/administrator shall comply with this regulation and be aware of when all inspections are due and oversee that they are completed as scheduled. Date of Completion is 04/27/10.

7 NMAC 8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/AND RULES

1. 1. Monthly fire drills have been initiated beginning 5/23/10 and staff training has been initiated and shall be completed by 07/01/10. 2. All training required is necessary to protect the safety of all residents at all times. 3. The owner/administrator shall oversee and assure compliance with both monthly fire drills and annual inservice training. Date of Completion is 07/01/10.

7 NMAC 8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/AND RULES

2. 1. Menus are being saved as served for 30 days on site. 2. This is for assurance that resident's are being served well balanced, nutritious meals. 3. The owner/administrator shall continue to keep a 30 day supply of the most recent meal menus as served. Date of Completion is 06/26/10.

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NIGHT N GAIL ASSISTANT LIVING	7621 PROSPECT AVENUE ALBUQUERQUE, NM 87110

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{A23}	Continued From page 12	{A23}		

information, infection control, residents rights, reporting requirements for abuse,neglect, and exploitation.
4. During record review on 05/25/10, no documentation of pet vaccination was found for the resident's pet residing in the facility

B. During interview on 05/25/10at 11:00 AM with the administrator, she confirmed that the reports

{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.
(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.

{A23}

7 NMAC 8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/AND RULES

3. 1. Staff training has been initiated by the owner/administrator for all staff to meet the requirements for the new regulations. 2. Staff training is very important to assure safety and good care for all residents. 3. The owner/administrator shall continue to provide ongoing inservice training for all staff as outlined in the regulations. 4. Date of Completion is 7/01/10.

{A26}

7 NMAC 8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/AND RULES

4. 1. The facility pet shall be vaccinated annually. 2. Vaccinations of pets are necessary for the safety of the residents. 3. The owner/administrator shall maintain compliance by keeping the vaccinations current. Date of Completion is 07/01/10.

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{A26}	Continued From page 13 (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: Refer to 7.8.26 A. B. C D. Repeat Deficiency from Initial Survey Date of 04/01/10 Based on record review and interview the facility failed to complete the resident assessment documents for eight (8) of 8 residents, R1,R2,R3,R4,R5,R6,and R7. The findings are: A. During record review on 05/25/1010, it was noted that 7 of 7 residents, (R1,R2,R3,R4,R5,R6,and R7), did not have a completed, current resident assessment with in the required 5 days of admission. 1. Admission dates: R1- 02/17/09 R2- 03/22/10 R3- 03/22/10 R4- 10/09/09 R5- 12/08/09 R6- 11/15/09 R7- 04/02/09	{A26}		

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{A26}	Continued From page 14 B. During interview on 05/25/10 at 10:00 AM with the administrator, she acknowledged that the resident assessments were not done.	{A26}	**7 NMAC 8.2.26 RESIDENT ASSESSMENT** **A.{A27} 1. All residents have completed assessments in their resident record dated 04/28/10. 2. Assessments are necessary for identification of resident needs and changes in resident needs. 3. The owner/administrator shall complete resident assessments within 5 days of admission, with any significant change and every 6 months for all residents. Date of Completion is 04/28/10.**	
{A27}	7 NMAC 8.2.27 Individual Services 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: Refer to 7.8.2. 27 A. B. Repeat Deficiency from Initial Survey Date of 04/01/10 Based on record review and interview, the facility		**7 NMAC 8.2.27 INDIVIDUAL SERVICE PLANS** **A. 1. All residents have completed ISP's in their resident record dated 04/28/10. 2. ISP's are necessary for staff guidance for how to meet the resident's needs. 3. The owner/administrator shall have a nurse complete the ISP's within 14 days of admission, with any significant change and every 6 months for all residents. Date of Completion is 04/28/10.**	

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{A27}	Continued From page 15	{A27}		

failed to ensue that individual service plans were completed for eight (8) of residents, (R1, R2, R3, R4, R5, R6, and R7) with in the 14 days of admission.
The findings are:

A. During record review on 05/25/10, it was noted that 7 of 7 residents did not have a completed individual service plan within the rquired 14 days of admission.
1. Admission dates: R1- 02/17/09
R2- 03/22/10
R3- 03/22/10
R4- 10/09/09
R5- 12/08/09
R6- 11/15/09
R7- 04/02/09

B. During interview on 05/25/10 at 11:00 AM with the administrator, she acknowledged that the individual service plans were not done for 8 of 8 residents.

{A36} 7 NMAC 8.2.36 Medications {A36}

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

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{A36}	Continued From page 16	{A36}		

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 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

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{A36}	Continued From page 17	{A36}		

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:

Refer to 7.8.2.36 B. F. Repeat Deficiency from Initial Survey Date of 04/01/10

Based on record review and interview the facility failed to ensure that staff assisting with medications had successfully completed an approved assistance with medications training

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{A36}	Continued From page 18 program for two (2) of 2 staff. The findings are: A. During review of staff training records on 05/25/10/10, it was noted that 2 of 2 staff had not completed the approved assistance with medications training program. B. During interview on 05/25/10 at 11:00 AM with the administrator, she confirmed that the staff had not completed the approved assistance with medications training program. Based on record review and interview the facility failed to ensure that a Medication Administration Record (MAR) documenting medication administered to seven (7) of 7 residents was completed appropriately. The findings are: A. During review of medication administration record (MAR) on 05/25/10 it was noted in the MAR that medications for R1, R2, R3, R4, R5, R6, R7, medications were signed out for the entire date of 05/25/10 and times such as: 1300, 1600,1700, 2000 evening medications. B. During interview on 05/25/10 at 9:45 AM with administrator, she confirmed that she had signed out medication administration record inappropriately.	{A36}	7 NMAC 8.2.36 MEDICATIONS A. 1. All staff shall me trained using a state approved medication assistance training program and pass the training before assisting any resident with any medication. 2. Only trained staff may assist with medications to protect the safety of the residents. 3. The owner/administrator shall have a certificate on file for all staff assisting residents with medications. Date of Completion is 07/01/10. 7 NMAC 8.2.36 MEDICATIONS A. 1. All trained staff assisting with resident medications shall sign the MAR at the time of assisting with the medication and not before or after the time. 2. By initialing as assisting, the safety of the residents shall be protected by decreasing the risk of making medication errors. 3. The owner/administrator shall periodically review the MAR for every resident to assure compliance with this regulation. Date of Completion is 05/26/10.	
{A37}	7 NMAC 8.2.37 Nutrition 7.8.2.37 NUTRITION: Each facility shall provide planned and nutritionally balanced meals in accordance with the recommended daily dietary allowance from the basic food groups to	{A37}		

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meet the nutritional needs of the age group.

A. At least three (3) meals shall be served daily at regular times, or in accordance with the program narrative.

(1) No more than a sixteen (16) hour span may exist between a substantial evening meal and breakfast. Snacks must be made available between meals and in the evening and must be listed on the daily menu. Vending machines shall not be considered a source of snacks.

(2) A sufficient amount of time shall be allowed for meals to enable residents to eat at a leisurely pace and to socialize.

B. A copy of the current week's menu, including snacks and therapeutic diets, shall be posted where residents and families can see it. Posted menus shall be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu. Menus as served must be kept for thirty (30) days and be available to the public. Identical menus shall not be used on a one (1) week cycle basis.

C. Therapeutic diets and prescribed vitamin and mineral supplements shall be given and served only on the written orders of a physician. The physician's order shall become part of the resident's record and shall be updated as necessary.

D. The facility shall make every reasonable attempt to accommodate the resident's food preferences, and requests by the resident or the resident's representative to observe religious or cultural dietary practices.

E. Personnel handling food must be in good health , practice hygienic food-handling techniques, have good personal grooming, and be free from communicable disease transmissible via food.

F. Ensure the food is prepared by methods

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that will conserve nutritive value, enhance flavor, appearance, and is served at the proper temperature and in a form to meet individual needs.

G. All residents must be served in a dining room except for residents with a temporary illness, or documented specific personal preference.

H. If a resident consistently refuses to eat after encouragement, the resident shall be evaluated by an appropriate health professional. The resident shall be offered fluids more often during the time he/she is refusing to eat.
[7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.37 NMAC - Rn, 7 NMAC 8.2.37, 8-31-00]

This REQUIREMENT is not met as evidenced by:
7.8.2.37 Menus Repeat Deficiency from Initial Survey Date of 04/01/10

Based on record review and interview, the facility failed to keep menus as planned and served for thirty (30) days.

The findings are:

A. During record review on 05/25/10 menus were not kept for thirty (30) days.

B. During interview on 05/25/10 at 9:45 AM with the administrator, she confirmed that menus were not kept or available to the public.

7 NMAC 8.2.37 NUTRITION

1. Menus are being saved as served for 30 days on site. 2. This is for assurance that resident's are being served well balanced, nutritious meals. 3. The owner/administrator shall continue to keep a 30 day supply of the most recent meal menus as served. Date of Completion is 06/26/10.

{A41} 7 NMAC 8.2.41 Building Construction {A41}

7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions,or alterations to existing buildings are contemplated, plans,

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code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans.

A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code).

(1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate.

(2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility.

(3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents.

(4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE

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FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability.

(5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided:

(a) The facility was in compliance with codes and standards at the time of initial licensure.

(b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff.

(c) The facility maintains prompt evacuation capabilities.

B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses.

C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner.

(1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation.

(2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2160	A. BUILDING _____ B. WING _____	R 05/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHT N GAIL ASSISTANT LIVING	7621 PROSPECT AVENUE ALBUQUERQUE, NM 87110

(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
{A41}	Continued From page 23	{A41}		

(3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system.

D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following:

(1) Main entry into the facility must provide wheelchair access.

(2) Building must allow access to main living area and dining area.

(3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access.

(4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch diameter clear space (turning radius for a wheelchair).

(5) If ramps are provided to the building, a minimum slope of twelve (12)inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails.

(6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering.

E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for

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{A41}	Continued From page 24 any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.41 A.(3) Repeat Deficiency from Initial Survey Date of 04/01/10 Based on record review and interview the facility failed to complete and maintain facility evacuation ratings to ensure prompt or slow evacuation capability for sevebn(7) of 7 residents (R1,R2,R3,R4,R5,R6,and R7). The findings are: A. During record review on 03/29/10, there was no documentation of the facility evacuation rating for 7 of 7 residents,(R1,R2,R3,R4,R5,R6,and R7). B. During interview on 05/25/10 at 11:00 AM with the administrator, she confirmed no evacuations were done for 7 of 7 residents.	{A41}	7 NMAC 8.2.41 CONSTRUCTION 1. All fire safety rating sheets have been completed for all residents to assure prompt exit of the facility. 2. Maintaining compliance with this regulation protects the residents safety in case of a facility fire. 3. The owner/administrator shall update these as resident conditions change and at least every 6 months. Date of Completion is 07/01/10.	
{A66}	7 NMAC 8.2.66 Related Regulations & 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 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	{A66}		

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	2160	A. BUILDING _____ B. WING _____	R 05/26/2010

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{A66}	Continued From page 25	{A66}		

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:
Refer to 7.8.2.66 Related Regulations and Codes Repeat Deficiency from Inital Survey Date of 04/01/10

Refer to NMAC 7.1.13.10(D) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees

Based on record review and interview, the facility failed to ensure required documentation of annual training on Incident Management Reporting process for 2 of 2 sampled staff (S1and S2). The findings are:

A. On 05/25/10 during review of the employee files, it was noted the following required -Incident Management training documentation was not among administrative paperwork for S1 and S2.

B. During interview on 05/25/10 at 9:45 AM with the administrator, she acknowledged the training was not done for S1 and S2.

Based on record review and interview the facility failed to have on site documentation that direct care staff had been cleared through the New Mexico Care Givers' Criminal History Screening

7 NMAC 8.2.66 RELATED REGULATIONS AND CODES

1. Annual training on the Incident Management Reporting Process has been completed for all staff. 2. This training is necessary to protect the resident from Abuse, Neglect and Exploitation. 3. The owner/administrator shall train all new staff upon hire and all staff annually. Documentation of the annual training shall be in staff personnel files. Date of Completion is 07/01/10.

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{A66}	Continued From page 26 (CCHS) Program(NMAC 7.1.9) for 1 of 2 employees (S1,) The findings are: A. During record review, on 05/25/10 no documentation of a clearance letter from the New Mexico Caregivers' Criminal History Screening Program (CCHS) was seen for(S1,) with a hire date of 12/01/09. B. During an interview on 05/25/10 at 9:45 AM, with the administrator, she acknowledged that there was no documentation to be found for S1. Based on record review and interview the facility failed to maintain documentation that the Employee Abuse Registry (EAR) was checked in accordance with NMAC 7.1.12 (effective January 1, 2006) for 1 of 2 employees (S1). The findings are: A. During review of the employee files it was noted that an employee hired 12/01/09 (S1), did not have on file documentation of a search of the registry using the individual's identifying information. B. During an interview on 05/25/10 9:45 AM with the administrator, she acknowledged there was no search done for S1.	{A66}	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 1. The NM CCHS report for S1 is being pursued by the owner/administrator and documentation made for contacts to the department for the clearance letter. 2. Clearance for all employees protects the resident safety. 3. The owner/administrator shall work with the department to assure compliance with this regulation and obtain clearance letters on all employees. Date of Completion is 07/01/10. 7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 1. The NM Employee Abuse Registry can be contacted online to obtain clearance for all employees prior to hire. The owner/administrator has been given the link to this site and she shall meet this regulation. 2. Hiring only cleared staff protects the safety of all residents. 3. The owner/administrator shall print the clearance information for all staff prior to hire and only hire employees with the appropriate clearance. Date of Completion is 07/01/10.	