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 01/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHT N GAIL ASSISTED 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
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. (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.	A26 Scanned 01-25-12 J.D.	The following is in response to deficiencies cited as a result of survey conducted on **January 3, 2012.** **7 NMAC 8.2.26** Resident Assessment Individual resident assessments for all residents are now completed and up to date. This reflects all residents R1, R2, R3, R4, R5, R6, R7 and R8, The facility manager will do a chart audit on each new resident within five days of their admission for completion of the resident assessment. A chart audit will be completed weekly for 4 weeks and then monthly thereafter. This deficient practice will be in compliance by January 17, 2012	

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

Manager / Owner 1-23-12

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A26	Continued From page 1 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: 7.8.2.26 - Resident Assessment Based on record review and interview, the facility failed to ensure that a current resident assessment with the required information was on file for 1 of 2 sampled residents (Resident #1). The findings are: A. On 01/03/12 at 3:00PM , during review of the resident's records, it was noted that a current resident assessment was not done for Resident #1. B. On 01/03/12 at 4:25PM , during interview with the Administrator, she stated that she would address the problem.	A26		
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	A27	**7 NMAC 8.2.27** Individual Service Plan for the following residents R1, R2, R3, R4, R5, R6, R7, and R8, have been completed, signed and dated by a licensed Nurse. All new admits will have their service plan completed, signed and dated by a professional nurse within 14 days of admission.	

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A27	Continued From page 2 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: Refers to NMAC 7.8.2.27.A - Service Plan Update Based on record review and interview, the facility failed to ensure that a current resident service plan with the required information and a nurses signature was on file for 1 of 2 sampled residents (Resident #1). The findings are: A. On 01/03/12 at 3:00PM, during review of the resident's records, it was noted that a current individual service plan (care plan) was not done for Resident #1. B. On 01/03/12 at 4:25PM , during interview with the Administrator, she stated that she would address the problem.	A27	All current residents will have their service plan updated in 6 months or sooner if there is a significant change in their condition. Hospice resident's service plan will be correlated with the Hospice agency staff. The facility manager will do a chart review daily on all residents, including hospice, for change in condition. This deficiency will be in compliance by January 17, 2012.	
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance	A43	7NMAC 8.2.43 Maintenance of Building and Grounds.	

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A43	Continued From page 3 shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.43(A) - Electrical equipment maintenence Based on observation, the facility failed to ensure that emergency lights were functional. The findings are: A. On 01/03/12 at 3:30PM during tour of the facility, it was noted that two emergency lights were not functioning upon pressing the "test" button. The first non-functional light was located in the entry way hall and the second in the "back" hallway. B. On 01/03/12, during interview with the Administrator, she stated that she would address the problem.	A43	All emergency lights have been serviced. All test switches on emergency lights are now functional. Emergency lighting in front hallway, TV room and back hallway are now in compliance. This deficiency will be in compliance by January 17, 2012.	
{A66}	7 NMAC 8.2.66 Related Regulations & Codes	{A66}	7 NMAC 8.2.66 Related Regulations and Codes.	

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{A66}	Continued From page 4 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 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 Initial survey date of 04/01/10 and revisit on 05/26/10. Revisit on 07/06/10 and 1/3/2012 revealed the following : 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 4 of 4 sampled staff (S1, S2, S3, S4). The findings are: A. On 07/06/10 during review of the employee files, it was noted the following required -Incident	{A66}	**Incident Management Training** Incident Management Training (IMT) has been completed for staff S1, S2, S3, and S4 on January 20, 2012. All new hires will receive incident management training within 30 days of hire and annually. This deficient practice will be in compliance as of January 20, 2012.	

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{A66}	Continued From page 5 Management training documentation was not among administrative paperwork for S1, S2, S3 and S4. B. On 01/03/12 during review of the employee files, it was noted the following required -Incident Management training documentation was not among administrative paperwork for S1, S2, S3 and S4. B. During interview on 07/06/10 at 2:30 PM with the administrator, she acknowledged the training was not done for S1,S2, S3, and S4.	{A66}		