Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1ST Original	2137	A. BUILDING _____ B. WING _____	C 12/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING	9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120

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A 000	Initial Comments The following deficiencies are the result of a complaint survey completed on 12/01/10 for the requirements of NMAC 7.8.2, regulations governing New Mexico for Assisted Living Facilities. Complaint #27750 was investigated and found to be unsubstantiated.	A 000		
A 021	7 NMAC 8.2.21 Resident Records RESIDENT RECORDS: A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; (3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months; (4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary;	A 021	ED Scanned 01-19-11 RECEIVED HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

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(b) resident's name;
(c) age;
(d) recent photograph;
(e) marital status;
(f) date of birth;
(g) sex;
(h) address prior to admission;
(i) religion (optional);
(j) personal physician;
(k) dentist;
(l) social history;
(m) surrogate decision maker or other emergency contact person;
(n) language spoken and understood;
(o) legal documentation relevant to commitment or guardianship status;
(p) current medications list; and
(q) required diet;
(6) 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;
(7) entries by direct care staff, appropriate health care professionals and 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 ISP;
(8) entries that provide 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 documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility;
(9) the medication assistance record (MAR); the

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MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule;
(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;
(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and
(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.
B. Resident records maintenance.
(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.
(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.
(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.
(4) There shall be a policy and procedure in place for record retention in the event of facility closure.
(5) Failure to follow facility policies is grounds for sanctions.
[7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]

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A 021	Continued From page 3 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.21 A. . . . Each resident record shall include: (2) The resident evaluation form . . . (3) The current ISP . . . (4) The physical examination report; the physical examination report shall have been completed within the past six (6) months . . . Based on record review and interview, the facility failed to have an evaluation, an Individual Service Plan (ISP) and a current physical examination report for 1 of 1 resident receiving repeated respite services at the facility (#4). This failed practice has the potential to affect the health and safety of all residents admitted for respite services. The findings are: A) Review of records for resident #4 revealed no evaluation, no ISP, and only one physical examination report dated 05/14/09. Records revealed 7 admission agreements dated 09/18/08, 05/17/09, 10/06/09, 02/12/10, 04/21/10, 09/01/10, and 11/10/10. B) In an interview with the Care Coordinator on 11/17/10 at 4:15 pm, the Care Coordinator acknowledged resident #4 was admitted to the facility for periods of respite and the evaluations, ISP's, and physical examination reports had not been completed as required for all residents.	A 021	1. All resident intake including respite residents will have on file resident eval, current ISP, physical exam. All will be dated & completed 12 months from entry date. 12/31/2010 2. By complying with the above practice, no incoming resident will be effected. 3. facility resident RN will complete resident file quality review on a quarterly basis to assure all documents are on file on a timely basis. 4. Effective ~~January~~ December 31st 31.2010 all files will have required documents & henceforth.	
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when	A 035		

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needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.
A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.
B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.
C. PRN (pro re nada) medication.
(1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.
(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.
D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.

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E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur.
F. Medications prescribed for one resident shall not be used for another resident.
G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:
(1) the resident's name;
(2) any known allergies to medication that the resident has;
(3) the name of the resident's PCP or the prescriber of the medication;
(4) the diagnosis or reason for the medication;
(5) the name of the medication, including the drug product brand name and the generic name;
(6) notation if the medication is a schedule II-IV drug;
(7) the dosage of the medication;
(8) the strength of the medication;
(9) the frequency or how often the medication is to be taken or given;
(10) the route of delivery for the medication (mouth, eye, ear, other);
(11) the method of delivery for the medication (pills, drops, IM injection, other);
(12) the date that the medication was started or discontinued;
(13) any change in the medication order;
(14) pre-medication information (i.e., pulse,

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respiration, blood pressure, blood sugar) as required by the medication order;
(15) the date and time that the medication is self-administered, administered with assistance or is administered;
(16) the initials and signature of the person assisting with or administering the medication;
(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);
(18) any refused dose of medication;
(19) any missed dose of medication; and
(20) any medication error.
H. No medication shall be stopped or started without specific orders from the primary care physician.
I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.
J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.
K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:
(1) the resident's name;
(2) the name of the medication;
(3) the date that the prescription was issued;
(4) the prescribed dosage and the instructions for administration of the medication; and
(5) the name and title of the prescriber.
L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery.

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A 035	Continued From page 7 M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [7.8.2.35 NMAC - Rp, 7.8.2.36 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35 L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately . . . Based on observation and interview, the facility failed to give a medication immediately after removal from the pharmacy container for one of one resident receiving injections (#3). This failed practice has the potential to affect the health and safety of all residents admitted that require injections. The findings are: A) Observation of the medications on 11/17/10 at 3:00 pm, revealed three pre-drawn syringes of insulin for resident #3. B) In an interview with the Care Coordinator on 11/17/10 at 3:00 pm, the Care Coordinator acknowledged a nurse pre-draws a one week supply of 7 syringes for resident #3.	A 035	1. This deficient practice has been terminated + residents receiving insulin injections now receive insulin via "pens". The resident self-administers + there are no pre-drawn syringes on site. 12/15/2010 2. The termination of using pre-drawn syringes will prevent other residents from being effected. 3. RN will assure that no pre-drawn syringes are on site. 4. Effective 12/15/2010	
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "	A 036		

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recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks.
A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.
(1) Meal service. The facility shall:
(a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available;
(b) provide snacks of nourishing quality and post on the daily menu;
(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;
(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;
(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;
(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;
(g) allow sufficient time for meals to enable

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residents to eat at a leisurely pace and to socialize; and
(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.
(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:
(a) instruction in proper food storage;
(b) preparation and serving food;
(c) safety in food handling;
(d) appropriate personal hygiene; and
(e) infectious and communicable disease control.
B. Dietary records. The facility shall maintain the following documentation onsite:
(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;
(2) a systematic record of therapeutic diets as prescribed by a PCP;
(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and
(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.
C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.
(1) Kitchen sanitation.
(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not

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readily corrodible and easily accessible for cleaning.
(b) Utensils shall be stored in a clean, dry place protected from contamination.
(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.
(2) Washing and sanitizing kitchenware.
(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.
(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.
(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.
(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.
(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.
(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.
(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance

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with the local health authority.
D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.
(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.
(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.
(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.
(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.
(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.
(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.
(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.
(6) Canned or preserved foods shall be procured

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from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.
(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.
(8) The facility shall ensure the following:
(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;
(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and
(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.
E. Milk.
(1) Raw milk shall not be used.
(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk.
F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells.
[7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]

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A 036	Continued From page 13 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 C. (5) Cooks and food handlers shall wear . . . hair nets or caps . . . Based on observation and interview, the facility failed to have cooks and food handlers wear hair nets or caps. This failed practice has the potential to affect 100 % of the residents dining at the facility. The findings are: A) During an observation on 11/16/10 at 11:00 am, cooking staff member #23 was observed preparing lunch for the residents and was not wearing a hair net or a cap. B) During an observation on 11/18/10 at 8:15 am, cooking staff member #23 and staff member #21 was observed preparing breakfast for the residents and neither were wearing a hair net or a cap. C) During the exit interview with the Administrator, Co-owner, and the Care Coordinator on 12/01/10 at 11:00 am, the Administrator acknowledged hair nets or caps were not being furnished for the cooks and food handlers.	A 036	1. All cooks + staff handling food will terminate the use of chefs hats + begin using hair nets. 12/31/2010 2. By implementation of the above 100% of residents will not be effected negatively. 3. Management will assure that hair nets are in use at all times. 4. Hair net use is effective 12/31/2010	
A 068	7 NMAC 8.2.68 Hospice HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following	A 068		

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definitions shall also apply.
(1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC.
(2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms.
(3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health.
(4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.
(5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services.
(6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure.
(7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live.
(8) " Visit notes " means the documentation of

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the services provided for hospice residents and includes ongoing care coordination.
B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services:
(1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and
(2) offer an ongoing employee psychological support program for end of life care issues.
C. Individual service plan (ISP) requirements.
(1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care staff.
(2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following:
(a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC;
(b) what services are to be provided;
(c) who will provide the services;
(d) how the services will be provided;
(e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process;
(f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and
(g) a list of the current medications or biologicals that the resident receives and who is authorized

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to administer them.
(3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:
(a) a physician;
(b) a physician extender (PA or NP);
(c) a licensed nurse (RN or LPN);
(d) the resident if their PCP has approved it;
(e) family or family designee; and
(f) any other individual in accordance with applicable state and local laws.
D. Care coordination.
(1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC.
(2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC.
(3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation.
(a) The facility shall provide individual records for each resident.
(b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record.
(4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions.
(5) Hospice services shall be available

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twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC.
(6) The assisted living facility shall ensure the coordination of services with the hospice agency.
(a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs.
(b) The assisted living facility shall receive information and communication from the hospice staff at each visit.
(i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.).
(ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation.
(c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members.
(d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator.
(i) The process may be informal or formal depending on the nature of the issue.
(ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified.
E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements:

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A 068	Continued From page 18 (1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP; (2) private visiting space: (a) physical space for private family visits; (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident ' s death. F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid. [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.68 C. Individual service plan (ISP) requirements. Based on record review and interview, the facility failed to have an ISP for 1 of 1 resident receiving hospice services (#2). This failed practice has the potential affect health and safety of all residents in the facility that are admitted to hospice The findings are: A) Review of records for resident #2 revealed the following: 1. The resident was receiving hospice services on 10/13/09 and is presently on Hospice (no admission date on the record); 2. The ISP's dated 01/22/10, 03/23/10, 07/23/10, and 10/22/10 did not have a delineation of the roles of the hospice provider and the assisted living facility;	A 068	1. The agency nurse & OI site administrator will develop an ISP that integrates the hospice treatment Plan & identifies roles & responsibilities of each entity involved in care provision agency ISP will address diagnosis & needs in coordination with Hospice Care. 2. Agency Nurse or site administrator will on a Quarterly basis complete a review of Hospice Service plans to assure ISP coordination within all responsible parties. 3. Quarterly Reviews will be used as monitoring tools 4. Effective Completion + Implementation 12/31/2010	CRB 1/31/2010

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A 068	Continued From page 19 3. An evaluation/assessment dated 04/08/10 revealed the resident identified needs as confusion, hearing, bathing, eating set up, mood swings, activities, dizzy, Oxygen, and Hospice; and 4. None of the four ISP's in the record addressed the indentified needs listed on the evaluation/assessment. B) During the exit interview with the Administrator, Co-owner, and the Care Coordinator on 12/01/10 at 11:00 am, the Administrator acknowledged the ISP for resident #2 did not fully address the indentified needs listed on the evaluation/assessment.	A 068		

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C 008	7 NMAC 1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT R CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider ' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider] to impose appropriate administrative sanctions and penalties. B. Exception: A caregiver or hospital caregiver applying for employment or contracting services with a care provider within twelve (12) months of the caregiver ' s or hospital caregiver ' s most recent nationwide criminal history screening which list no disqualifying convictions shall only apply for a statewide criminal history screening upon offer of employment or at the time of entering into a contractual relationship with the care provider. At the discretion of the care provider a nationwide criminal history screening, additional to the required statewide criminal history screening, may be requested. C. Conditional Employment: Applicants.	C 008	ES 01-19-11 Scanned RECEIVED JAN 19 2011 ACCESS AREA	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 1/19/2011 TITLE Owner/Director (X6) DATE

STATE FORM 6899 WKW311 If continuation sheet 1 of 6

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caregivers, and hospital caregivers who have submitted all completed documents and paid all applicable fees for a nationwide and statewide criminal history screening may be deemed to have conditional supervised employment pending receipt of written notice given by the department as to whether the applicant, caregiver or hospital caregiver has a disqualifying conviction.
D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.
(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.
(2) A signed authorization for release of information form.
(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink.
(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department.
(5) If the applicant, caregiver or hospital caregiver

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must submit another readable set of fingerprint cards upon notice that the fingerprint cards previously submitted were found unreadable, as determined by the federal bureau of investigation or department of public safety, the submission of a second set of fingerprint cards is required, a separate fee will not be charged. A fee shall be charged for submission of a third and subsequent fingerprint sets.
(6) If the applicant, caregiver or hospital caregiver has a physical or medical condition which prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques, the applicant, caregiver or hospital caregiver shall submit the fingerprint cards with a notarized affidavit signed by the applicant, caregiver, hospital caregiver, returned to the department within fourteen (14) calendar days, as determined by the postmark, which provides:
(a) identification of the applicant, caregiver or hospital caregiver; and
(b) an explanation of, or a statement describing, the applicant ' s, caregiver ' s or hospital caregiver ' s good faith efforts to supply readable fingerprints; and
(c) the physical or medical reason that prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques;
(d) an applicant, caregiver or hospital caregiver meeting the conditions of this paragraph and who has resided in the state of New Mexico for less than ten (10) years must also submit a ten (10) year work history in addition to the required affidavits.
(7) All documentation submitted to the department for the purposes of criminal history screening and for the purposes set forth in 7.1.9.9 NMAC and 7.1.9.10 NMAC shall become

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the sole property of the department with the exception of fingerprint cards which shall be destroyed upon clearance by both the federal bureau of investigation and department of public safety. All other submitted documentation shall be retained by the department for a period of one year from the final date of closure and thereafter shall be archived.

E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The department and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department ' s receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico department of health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department.

F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K

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C 008	Continued From page 4 of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver ' s clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee ' s file stating " This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider], " together with the employee ' s job description, shall suffice for record keeping purposes. [7.1.9.8 NMAC - Rp, 7.1.9.8 NMAC, 01/01/06] This REQUIREMENT is not met as evidenced by: Refer to 7.1.12.8 G. (1) . . . care providers shall maintain evidence of each applicant, caregivers or hospital caregiver's clearance . . . Based on record review and interview, the facility failed to have a criminal history clearance, a pending reconsideration, or disqualification letter(s) for 1 of 5 staff records reviewed (#24). This failed practice has the potential to affect the	C 008		

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LIFE SPIRE ASSISTED LIVING	9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120

(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
C 008	Continued From page 5 health and safety of all residents residing at the facility The findings are: A) Review of records for staff #24 revealed the following: 1. A hire date of 06/11/09; 2. Copies of fingerprints with no date; 3. Documentation of a check to the Caregiver Criminal History Screening program dated 06/27/09; and 4. No criminal history clearance, a pending reconsideration, or disqualification letter(s). B) During the exit interview with the Administrator, Co-owner, and the Care Coordinator on 12/01/10 at 11:00 am, the Administrator acknowledged the facility could not produce the criminal history clearance for staff #24.	C 008	1. All hired personnel will complete CCHSP requirements + agency will submit within 20 days of Employment. If clearance letter is not received by 20th day. HR must investigate + obtain document from CCHSP indicating reason for delay. 12/2/2010 2. HR will on a monthly basis assure that all hired employees have on file a clearance letter or proceed with investigation with CCHSP to assure that residents will not be effected. 3. Monthly quarterly personnel file reviews 4. Effective 12/2/2010	