STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5883	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTS THAT CARE ASSISTED LIVING, LLC	9977 BUCKEYE STREET NW ALBUQUERQUE, NM 87114

(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
{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 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.

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{A36}	Continued From page 1 (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or 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	{A36}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A36}	Continued From page 2 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: Uncorrected Deficiency from 11/13/07 Survey 7.8.2.36I. Based on records review and interview, the facility failed to report all medication errors to the physician for 2 of 4 sampled residents (75%). The findings are: A. Review of R3's 11/07 MAR revealed that omeprazole was entered twice and was initialed by different staff as given twice per shift (double the dosage ordered by the physician) from 11/6/07 - 11/9/07. B. Review of R4's Controlled Substances Log revealed that 15 tablets of Ambien were remaining. A physical count of the drug revealed 13 tablets remaining. C. During an interview with S11/Co-Owner on 11/13/07 at 2:30 p.m., S11/Co-Owner stated, "I should have reported the . . . Ambien error to [R4's] physician." Additionally, S11/Co-Owner acknowledged that omeprazole was erroneously entered twice on R3's MAR and initialed by different staff as having been given twice per shift from 11/6/07 - 11/09/07. D. During an interview with the Administrator/Co-Owner on 2/21/08 at 1:00 p.m., the Administrator/Co-Owner acknowledged that the above medication errors had not been reported to R3 and R4's respective physicians.	{A36}	1) A letter was sent to the residents doctors letting them know that a error was made on the MAR. 2) There is a control substance log that in place for all shifts to sign stating that all control substance have been accounted for. If any discrepancies, it must be reported to the Administrator immediately. An immediate investigation will be done to find the problem. If the discrepancy cannot be solved, a letter will be sent to the Doctor that day. 3) There is a control substance log that in place for all shifts to sign stating that all control substance have been accounted for. If any discrepancies, it must be reported to the Administrator immediately. An immediate investigation will be done to find the problem. If the discrepancy cannot be solved, a letter will be sent to the Doctor that day. Also for regular Meds, the Mar will be checked regular for errors, duplicate entries, etc. 4) All letters have been sent to the Doctors and all forms have been put in place. Effective 2/28/8.	