Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2064	A. BUILDING _____ B. WING _____	06/07/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WOOD ASSISTED LIVING	1008 CHIRICAHUA SE ALBUQUERQUE, NM 87123

(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 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.	A36	ES Scanned 7-6-07	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Lynn Blake, owner — (X6) DATE: 7/2/07

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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		

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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: 7.8.2.36 F. Based on record review and interview the facility failed accurately document medications administered to 1 of 3 residents (R1). The findings are: A. Record review on 6/5/07 revealed the Medication Administration Record for resident R1 had two entries for Checking Blood Sugar before breakfast (8:00 AM) dated 5/25/07 which were marked error and no notes as to what the errors were. Entries for Novolin and Lantus injections for before breakfast (8:00 AM) and Novolin injection before Dinner (4:00 PM) were blank for 5/25/07 with no notes describing why these were not recorded. All other medication entries on resident R1's Medication Administration Record for 5/25/07 had entries signifying the medications were given at the appropriate times. B. In an interview with the Assistant Director on 6/5/07 at 10:54 AM, the Assistant Director acknowledged the missing entries for May 25, 2007 on the Medication Administration Record had no notes to why there were no entries for that date. The Assistant Director also acknowledged resident R1's son comes in for checking the blood sugar and giving the injections and the facilities staff is responsible for recording the entries on the Medication Administration Record. C. In an interview with the Assistant Director on 6/6/07 at 8:12 AM, the Assistant Director said she talked to resident R1's son by phone and R1's	A36	7.8.2.36 F. *Based on record review and interview the facility failed to accurately document medications administered to 1 of 3 residents (R1).* 12.C.1 The above violation will be corrected by the facility conducting a "Proper Documentation Inservice" for all staff and placing such evidence of inservice in employee files 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by each staff member attending the documentation in-service and having a clear understanding of proper documentation in the MAR. 12.C.3 This facility will monitor its corrective action by the auditing of the MAR documentation by the residential services manager on each of his/her scheduled shifts, as well as a weekly audit of the MAR by a owner and/or director. 12.C.4 This corrective action will be completed by July 7, 2007.	

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A36	Continued From page 3 son said checking blood sugar and the injections have never been missed. The Assistant Director acknowledged the recording on the Medication Administration Record had been missed for resident R1 on 5/25/07. The Assistant Director also acknowledged the Novolin and Lantus are stored at the facility in the locked medication box in the facilities refrigerator. 7.8.2.36 F. Based on record review and interview the facility failed to have signature of staff making initialed entries on the Medication Administration Record for 1 of 3 residents (R1) A. Record review on 6/5/07 revealed the Medication Administration Record for May 2007 for resident R1 had several initialed entries by Staff S13 with no signature to identify the initials of staff S13. B. In an interview with the Assistant Director on 6/5/07 at 10:54 AM, the Assistant Director acknowledged staff S13 initialed the entries on the Medication Administration Record for resident R1 during May 2007 and staff S13 had not signed the Medication Administration Record.	A36	7.8.2.36 *Based on record review and interview the facility failed to have signature of staff making initialed entries on the Medication Administration Record for 1 of 3 residents (R1)* 12.C.1 The above violation will be corrected by the facility conducting a "Proper Documentation Inservice" for all staff and placing such evidence of inservice in employee files Further, a signature sheet containing the employee's printed name, signed name, and initials has been placed at the front of the MAR. 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by each staff member attending the documentation in-service and having a clear understanding of proper documentation in the MAR.	
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents.	A38	12.C.3 This facility will monitor its corrective action by the auditing of the MAR documentation by the residential services manager on each of his/her scheduled shifts, as well as a weekly audit of the MAR by a owner and/or director. 12.C.4 This corrective action will be completed by July 7, 2007	

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A38	Continued From page 4 B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below. E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00]	A38		

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A38	Continued From page 5 This REQUIREMENT is not met as evidenced by: 7.8.2.38 E. Based on observation and interview the facility failed to date and label 8 of 10 perishable foods observed in the refrigerator in the kitchen. The findings are: A. Tour of the facility on 6/5/07 at 8:16 AM revealed the following perishable foods in the refrigerator with no label or date: four (4) heads of lettuce, one with spoilage, one (1) package of sliced ham, one (1) onion, one (1) package of carrots, and one (1) package of celery. B. In an interview with the Assistant Director on 6/5/07 at 10:58 AM, the Assistant Director acknowledged the food items in the refrigerator were not labeled and dated.	A38	7.8.2.38E *Based on observation and interview the facility failed to date and label 8 of 10 perishable foods observed in the refrigerator in the kitchen.* 12.C.1 The above violation will be corrected by the facility conducting a "Food Management" inservice for all employees and documentation of such being documented in each employee's personnel file. 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by each staff member attending the food management in-service and having a clear understanding of proper food management standards.	
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same 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]	A66	12.C.3 This facility will monitor its corrective action by ensuring the residential services manager oversees the storage and labeling of all food. 12.C.4 This corrective action will be completed by July 7, 2007.	

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A66	Continued From page 6 This REQUIREMENT is not met as evidenced by: 7.8.2.66 TITLE 7 HEALTH CHAPTER 1 HEALTH GENERAL PROVISIONS PART 9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS 7.1.9.8 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 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. Based on record review and interview the facility failed to submit fees and all pertinent information for Caregivers Criminal History Screening to the licensing authority within the 20 days from date of hire for 1 of 3 staff. The findings are: A. Record review on 6/6/07 revealed fees and all pertinent information for Caregivers Criminal History Screening for staff S11 with a hire date of 2/6/07 had not been submitted to the Licensing authority until 4/5/07. B. In an Interview with the Assistant Administrator on 6/6/07 at 9:50 AM, the Assistant Administrator acknowledged fees and all pertinent information for Caregivers Criminal History Screening for staff S11 had not been submitted within the 20 days from date of hire.	A66	7.1.9.8F *Based on record review and interview the facility failed to submit fees and all pertinent information for Caregivers Criminal History Screening Program to the licensing authority within the 20 days from date of hire for 1 of 3 staff.* 12.C.1 The above violation will be corrected by a corrective action process with the HR personnel responsible for this task and by the owner and/or director taking responsibility for overseeing the timeliness of this task with all future employees via a new hire audit within 14 days of hire. 12.C.2 This facility will identify other residents having the potential to be affected by the same deficient practice by the owner and/or director conducting a new hire audit within 14 days of hire. 12.C.3 This facility will monitor its corrective action by conducting new hire personnel file audits within 14 days of hire. 12.C.4 This corrective action will be completed by July 7. 2007	