Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4047	A. BUILDING: _____ B. WING _____	01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVAMERE AT RIO RANCHO	1000 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124

(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
A 000	Initial Comments The following deficiencies were cited as a result of an Initial [redacted] survey completed on 01/30/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. [redacted]	A 000	1. On 5/10/19, the Executive Director/designee reviewed the Resident Handbook and confirmed that it contained 1. The program narrative, 2. The refund for death policy, and 3. That the agreement can be terminated by the facility "if" appropriate placement has Been found for the resident. The Executive Director/designee confirmed that the admission agreement includes resident acknowledgement of receipt of the Resident Handbook. On 2/1/19, Resident #3/designee signed the admission agreement and acknowledged receipt of the Resident Handbook. On 5/13/19, Avamere corporate Counsel sent a letter to Resident #7 to set up a meeting to discuss actions that will be taken if he continues to refuse to sign the admission agreement. On 5/10/19, the Executive Director/designee audited charts for residents #1, 3-6, and 8 and confirmed that the admission agreements and acknowledgement of receipt of Resident Handbook were signed.	5/16/19
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;	A 020		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

EXECUTIVE DIRECTOR 5/16/19

Division of Health Improvement

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A 020	Continued From page 1 (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require	A 020	2. All residents in the facility have the potential to be affected. By 5/16/19, all resident charts have been audited to ensure that the admission agreements and acknowledgement of receipt of Resident Handbook were signed. 3. Systemic change will be achieved through an ongoing monitoring process. By 5/16/19, the admissions team will be trained on ensuring that all admissions receive the Resident Handbook and sign acknowledgement of receipt of the Resident Handbook and sign the admission agreement. 4. Audits of new resident admissions agreements will be completed under the direction of the Executive Director/designee to ensure that the acknowledgements of receipt of Resident Handbook and the admission agreements have been signed weekly X4, monthly X3, and quarterly X3. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified.	5/16/19

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A 020	Continued From page 2 continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in	A 020	5. The Executive Director/designee assures substantial compliance by 5/16/19.	5/16/19

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A 020	Continued From page 3 writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]	A 020		

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A 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (2) (5) (12) Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS–LIMIT ON CHARGES AFTER RESIDENT DEATH.– A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death	A 020		

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A 020	Continued From page 5 and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure that 8 (R #s 1-8) of 8 (R #s 1-8) residents whose Admissions/Discharge Agreements were reviewed for compliance: 1. Were completed and available for review. 2. That the agreements contained the following information: a. The program narrative. b. Refund for death policy that is in compliance with 7 NMAC 8.2.20 A (5) and Senate Bill (SB) 0335 - 2013. c. The agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. These deficient practices have the potential for residents to be at risk of: 1. Not being aware of the what services the facility will provide and the cost/responsibilities of the residents. 2. Resident's estate or responsible party	A 020		

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A 020	Continued From page 6 unaware of any refund that may be due. 3. Becoming homeless if they do not have an appropriate place to go before being evicted. The findings are: A. Record review for R #s 2 and 7's Admission/Discharge agreements revealed they were missing from the residents' files. B. Record review of R #s 1, 3-6, and 8's Admission/Discharge agreements revealed the following missing information: 1. The program narrative. 2. Refund for death policy that is in compliance with 7 NMAC 8.2.20 A (5) and Senate Bill (SB) 0335 - 2013. 3. The agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. C. On 01/28/19 at 1:55 pm, during an interview with the Administrator and the Regional Director, they confirmed that the Admission/Discharge agreements for R #s 2 & 7 were missing from their resident files. In addition, they confirmed that the above listed information was missing from R #s 1, 3-6, and 8 were missing from their Admission/Discharge Agreements.	A 020	1. On 3/15/19, the Executive Director/designee received vaccination records for all animals currently living in the facility. 2. All residents in the facility have the potential to be affected. By 5/16/19, all charts of residents who own animals were audited by the Executive Director/designee to ensure that vaccination records are current.	5/16/19
A 023	7 NMAC 8.2.23 Pets PETS: Pets are permitted in a licensed facility, in accordance with the facility's rules. A. Prohibited areas. Animals are not permitted in food processing, preparation, storage, display and serving areas, or in equipment or utensil washing areas. Guide dogs for the blind and deaf and service animals for the handicapped shall be	A 023		

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A 023	Continued From page 7 permitted in dining areas pursuant to Subsection K of 7.6.2.9 NMAC. B. Vaccination. Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on file in the facility. [7.8.2.23 NMAC - Rp, 7.8.2.24 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.23 B Based on Record review and interview the facility failed to ensure that the pets (2 dogs) who live in the facility had current vaccinations and the vaccination records were on file at the facility. This deficient practice has the potential for all 76 (R #s 1-76) residents listed on the census provided by the Administrator on 01/24/19, to be at risk of harm or illness, if the residents are bitten or contract communicable diseases from pets who do not have current vaccinations. The findings are: A. Record request for the vaccinations for the 2 dogs revealed no documentation that the dogs had current vaccinations. B. On 01/30/19 at 7:50 am, during an interview with the Administrator, she confirmed that there were no current vaccination records for the 2 dogs on file at the facility.	A 023	3. Systemic change will be achieved through an ongoing monitoring process. By 5/16/19, the admissions team will be trained on ensuring that all residents who own pets will have current vaccination records on file. 4. Audits of charts of residents who own pets will be completed under the direction of the Executive Director/designee to ensure that the acknowledgements of receipt of Resident Handbook and the admission agreements have been signed weekly X4, monthly X3, and quarterly X3. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified. 5. The Executive Director/designee assures substantial compliance by 5/16/19.	5/16/19
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to	A 034		

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A 034	Continued From page 8 this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used	A 034	1. On 3/11/19, the Maintenance Director received a quote for exhaust fan replacement for the oxygen storage room. On 4/1/19, the Avamere corporate Project Manager received approval for the installation of the exhaust fan. Installation of the exhaust fan is scheduled to commence on 5/16/19. 2. All residents in the facility have the potential to be affected. By 5/30/19, the oxygen storage room will have adequate ventilation to the outside air. 3. Systemic change will be achieved through an ongoing monitoring process. By 5/30/19, the oxygen storage room will have adequate ventilation to the outside air.	5/30/19

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A 034	Continued From page 9 for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the	A 034	4. Audits of the oxygen storage room will be completed under the direction of the Maintenance Director/designee to ensure that there is adequate ventilation to the outside air weekly X4, monthly X3, and quarterly X3. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified. 5. The Executive Director/designee assures substantial compliance by 5/30/19.	6/30/19

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A 034	Continued From page 10 administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.34 A. (7) NFPA 99 NFPA 99. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible	A 034		

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A 034	Continued From page 11 construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with	A 034		

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AVAMERE AT RIO RANCHO	1000 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124

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A 034	Continued From page 12 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum:	A 034		

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A 034	Continued From page 13 CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition Based on observation and interview the facility failed to have oxygen bottles stored in a room ventilated to outside air. This deficient practice creates a risk to all 76 (R #s 1-76) residents identified on the list provided by the Administrator on 01/24/19 and all occupants of the building, if oxygen leaks, creating an oxygen rich environment in the event of a fire. The findings are: A. On 01/29/18 at 1:38 pm, during an observation and tour of the facility, the room where oxygen bottles are stored did not have ventilation to the outside air. B. On 01/29/18 at 1:38 pm, during an interview, the facility's Registered Nurse confirmed the room where oxygen bottles are stored did not have ventilation to the outside air.	A 034		
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 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	A 035	1. By 2/15/19, the Director of Health Services/designee, reviewed the charts of Residents #1-4 and updated medication orders to reflect both the brand names and the generic names for medications.	5/16/19

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A 035	Continued From page 14 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. 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.	A 035	2. All residents in the facility have the potential to be affected. By 5/16/19, all charts of residents were audited by the Director of Health Services/designee to ensure medication orders included both the brand names and the generic names. 3. Systemic change will be achieved through an ongoing monitoring process. By 5/16/19, nursing staff responsible for entering medication orders will be trained on ensuring that all medication orders contain both the brand names and the generic names for medications.	5/16/19

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A 035	Continued From page 15 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, 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;	A 035	4 Audits of charts of residents will be completed under the direction of the Director of Health Services/designee to ensure that all medication orders contain the brand names and generic names for all medications weekly X4, for 20% of current residents, monthly X3, for 20 % of current residents and quarterly X3 for 20% of current residents. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified. 5 The Executive Director/designee assures substantial compliance by 5/16/19.	5/16/19

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A 035	Continued From page 16 (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. 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.	A 035		

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A 035	Continued From page 17 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 (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5) (19) Based on record review and interview the facility failed to ensure the safety and welfare of 4 (R #s 1-4) of 4 (R #s 1-4) residents for not having both the brand names and generic names of medications on the Medication Administration Records (MAR) for residents charts reviewed. This deficient practice has the potential for all residents to be at risk of harm, injury, or death if the medications don't have both the brand names and generic names if the prescription gets refilled with a different brand of the medication. The findings are: Findings for the MARs: A. Record review of R #1's January 2019 MAR revealed, it did not include both the brand/generic names of the following medications: 1. Atorvasatin Calcium Tablet - Lipitor (hypertension). 2. Metoprolol - Lopressor (hypertension). 3. Pantoprazole - Protonix (Heartburn). 4. Ropinirole - Requip (Agitation). 5. Trazodone - Oleptro (insomnia). 6. Cholecalciferol - Vitamin D	A 035		

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A 035	Continued From page 18 (supplement). 7. Loperamide - Imodium (diarrhea). 8. Tramadol - Ultram (pain). 9. Clacium Tablet - Calcite (osteoporsis). B. Record review of R #2's January 2019 MAR revealed, it did not include both the brand/generic names of the following medications: 1. Hydrochlorothiazide - Microzide (hypertension). 2. Lisinopril - Zestril (hypertension). 3. Simvastatin - Zocor ((hypercholesterolemia). 4. Metformin - Glucophage (diabetes). C. Record review of R #3's January 2019 MAR revealed, it did not include both the brand/generic names of the following medications: 1. Asprin - Acetylsalicylic acid (hypertension). 2. Citalopram - Celexa (depression). 3. Colchicine - Colchrys (gout). 4. Doxazosin - Cardura (prostatic hyperplasia). 5. Enzyme Digest Capsule - Quest (digestive supplement). 6. Finaesteride - Proscar (Benign prostatic hyperplasia). 7. Lisinopril - Zestril (hypertension). 8. Probiotic - Nature's Bounty (digestive supplement). 9. Spironolactone - Aldactone (Heart failure). 10. Prostate Health capsule - Nature's Bounty (Benign prostatic hyperplasia). 11. Carvedilol - Coreg (hypertension). 12. Metformin - Glucophage (diabetes). 13. Oxybutynin - Ditropan (uninary retention). 14. Acetaminophen Codeine - Tylenol #4	A 035		

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A 035	Continued From page 19 (pain). 15. Triamcinolone Acetonide cream - Kenalog (rash). D. Record review of R #4's January 2019 MAR revealed, it did not include both the brand/generic names of the following medications: a. Allopurinol - Zyloprim (gout) b. Furosemide - Lasix (edema) c. Lisinopril - Zestril (hypertension) d. Melatonin - Nature Made (insomnia) e. Gabapentin - Neurontin (pain) f. Buspirone - Buspar (anxiety/agitation) g. Acetaminophen tablet - Tylenol (pain) h. Hyoscyamine Sulfate - Levsin (excessive secretions) i. Lidocaine gel - Xylocaine (pain) j. Lorazepam - Ativan (anxiety) l. Morphine Sulfate - Duramorphine (pain) m. Ondansetron - Zofran (Nausea) n. Prochlorperazine - Compro (Nausea) E. On 01/25/19 at 11:45 am, during an interview with the Vice President of Clinical Services, she confirmed that R #s 1-4 January 2019 MARs did not include both the brand/generic names.	A 035		
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 " 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	A 036	1. On 2/11/19, staff were trained by the Dietary Manager /designee on proper handwashing procedures. On 5/10/19, staff were re-trained by the Dietary Manager/designee on proper handwashing procedures.	5/16/19

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A 036	Continued From page 20 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 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.	A 036	2. All residents in the facility have the potential to be affected. By 5/16/19, all dietary staff were Trained by the Dietary Manager/ designee on proper handwashing procedures. 3. Systemic change will be achieved through an ongoing monitoring process. By 5/16/19, all dietary staff were trained by the Dietary Manager/ designee on proper handwashing procedures. 4. Audits of dietary staff handwashing procedures will be completed under the direction of the Dietary Manager/ designee to ensure that proper handwashing procedures are being followed weekly X4, monthly X3, and quarterly X3. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified.	5/16/19

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A 036	Continued From page 21 (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 readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination.	A 036	5. The Executive Director/designee assures substantial compliance by 5/16/19.	5/16/19

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A 036	Continued From page 22 (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 with the local health authority. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary	A 036		

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A 036	Continued From page 23 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 from sources that process the food under regulated quality and sanitation controls. This	A 036		

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A 036	Continued From page 24 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]	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4047	A. BUILDING: _____ B. WING _____	01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVAMERE AT RIO RANCHO	1000 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124

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A 036	Continued From page 25 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 C (5) Based on observation and interview the facility failed to ensure that the Dietary Waiters (DW) washed their hands after handling used plates/utensils and then handling food serving utensils and clean dishes with ready to eat food. This deficient practice creates a risk to the health of all 76 (R #s 1-76) residents identified on the list provided by the Administrator on 01/24/19, by spreading illness causing bacteria and/or viruses. The findings are: A. On 01/24/19 at 8:10 am, during an observation of breakfast being served to residents, DW #s 1-3 were carrying dirty used plates and utensils back to the kitchen and without washing their hands would prepare and serve residents plates of ready to eat food. B. On 01/24/19 at 9:05 am, during an interview with DW #1 and the Dietary Services Manager they confirmed DW #s 1-3 were carrying dirty used plates and utensils back to the kitchen and without washing their hands were preparing and serving residents plates of ready to eat food.	A 036	1. On 3/11/19, the Maintenance Director received a quote for the installation of a mixing valve and recirculation pump. By 4/7/19, the mixing valve and recirculation pump were installed. The Maintenance Director monitored water temperatures and determined that the mixing valve and recirculation pump were not effective in holding the water temperatures throughout the facility between ninety-five degrees Fahrenheit and one hundred ten degrees Fahrenheit. The installation Company was contacted and on 5/13/19 a pipe insulation company inspected the facility water pipes to create a quote for water pipe insulation. On 5/15/19, Avamere Corporate Project Manager spoke with the insulation company and was advised to determine if there is a pre-existing circulation pump.	6/30/19
A 045	7 NMAC 8.2.45 Water WATER: Pursuant to the current New Mexico drinking water requirements, 7.6.2.9 NMAC. A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water	A 045		

Division of Health Improvement

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	4047	A. BUILDING: _____ B. WING _____	01/30/2019

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A 045	Continued From page 26 system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries. E. The hot water temperature that is accessible to residents shall be maintained at a minimum of ninety-five (95) degrees fahrenheit and a maximum of one hundred ten (110) degrees fahrenheit. Hot water in excess of one hundred ten (110) degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45 E. Based on observation and interview, the facility failed to ensure that the hot water temperatures were maintained within the range of 95 degrees Fahrenheit (F) and 110 degrees F. This deficient practice has the potential for all 76 (R #s 1-76) residents identified on the census provided by the	A 045	2. All residents in the facility have the potential to be affected. By 6/30/19, the water temperatures throughout the facility will be maintained between ninety-five degrees Fahrenheit and one hundred ten degrees Fahrenheit. 3. Systemic change will be achieved through an ongoing monitoring process. By 6/30/19, the water temperatures throughout the facility will be maintained between ninety-five degrees Fahrenheit and one hundred ten degrees Fahrenheit.	6/30/19

Division of Health Improvement

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A 045	Continued From page 27 Administrator on 01/24/19, to be at risk of injury from scalding hot water. The findings are: A. On 01/30/19 at 9:05 am, during an observation while touring the facility with the Maintenance Director following was observed: 1. The hot water from the sink in resident room 112 was observed to be 118 degrees F. 2. The hot water from the sink in the Northeast (NE) Public Restroom that is accessible to residents was observed to be 117 degrees F. 3. The hot water from the sink in resident room 122 was observed to be 117 degrees F. 4. The hot water from the sink in resident room 213 was observed to be 116 degrees F. 5. The hot water from the sink in resident room 224 was observed to be 118 degrees F. B. On 01/30/19 at 9:05 am, during an interview, the Maintenance Director confirmed the hot water temperatures in resident rooms 112, 122, 213, 224 and the NE Public Restroom, were above 110 degrees F.	A 045	4. Audits of the water temperatures throughout the facility will be completed under the direction of the Maintenance Director/designee to ensure that the water temperatures throughout the facility are maintained between ninety-five degrees Fahrenheit and one hundred ten degrees Fahrenheit weekly X4, monthly X3, and quarterly X3. Audits will be reviewed by the Executive Director for compliance. The Executive Director will use the Continuous Quality Improvement Action Plan for any opportunities for improvement identified. 5. The Executive Director/designee assures substantial compliance by 6/30/19.	6/30/19