Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7094	A. BUILDING: _____ B. WING _____	R-C 08/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN SAN PABLO ASSISTED LIVING, LLC	1509 SAN PABLO ST NE ALBUQUERQUE, NM 87110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during a Complaint Survey completed on 08/02/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake number NM #59938 was substantiated with deficiencies cited. Direct Care Staff: DCS Registered Nurse: RN Medication Administration Record: MAR Caregivers Criminal History Screening Program: CCHSP	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of	A 016		

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A 016	Continued From page 1 education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof	A 016		

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A 016	Continued From page 2 of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (7) 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: . . . 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	A 016		

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A 016	Continued From page 3 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. . . . 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	A 016		

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A 016	Continued From page 4 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. 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. Based on record review and interview, the facility failed to ensure that the DCS had their applications and fingerprints for the CCHSP submitted within 20 days of hire. This deficient practice could likely negatively affect the safety and welfare of the 10 (R #s 1-10) of 10 residents identified on the census provided by the Administrator on 07/07/22, if residents are being provided care by staff who may have a previous criminal history. The findings are:	A 016		

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A 016	Continued From page 5 A. Record review of DCS #1's employee file (hire date 02/16/22) revealed there was no application for fingerprints or clearance letter on file. B. Record review of DCS #4's employee file (hire date 03/12/22) revealed there was no application for fingerprints or clearance letter on file. C. Record review of DCS #6's employee file (hire date 02/24/22) revealed there was no application for fingerprints or clearance letter on file. D. Record review of DCS #8's employee file (hire date 06/02/22) revealed there was no application for fingerprints or clearance letter on file. E. Record review of DCS #9's employee file (hire date 05/05/22) revealed there was no application for fingerprints or clearance letter on file. F. Record review of DCS #10's employee file (hire date 05/20/22) revealed there was no application for fingerprints or clearance letter on file. G. Record review of DCS #11's employee file (hire date 02/24/22) revealed there was no application for fingerprints or clearance letter on file. H. On 07/07/22 at 10:39 am, during an interview with the Administrator, she confirmed that DCS #'s 1, 4, 6, 8, 9, 10, and 11 did not have their fingerprints submitted for a background check.	A 016	A o16 All current DCS were fingerprinted and background checked, and recieved final clearance letters by July 17, 2022. Administrator will ensure all future employees are cleared against the EAR prior to hire and background checked and fingerprinted within 20 days of hire.	
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES,	A 022		

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A 022	Continued From page 6 POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency	A 022		

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A 022	Continued From page 7 equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following:	A 022		

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A 022	Continued From page 8 (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training;	A 022		

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A 022	Continued From page 9 (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.22 B (2) Based on record review and interview, the facility	A 022		

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A 022	Continued From page 10 failed to ensure: 1. DCS working in the facility completed an application for employment. 2. The application for employment was kept onsite and available for review. These deficient practices could likely negatively affect the safety and welfare of the 10 (R #s 1-10) of 10 residents identified on the resident census provided by the Administrator on 07/07/22, to be at risk for harm if employment applications are not completed and provide accurate hire dates and contact information. The findings are: A. Record review of DCS #1's file (hire date 02/16/22) revealed there was no application for employment on file. B. Record review of DCS #2's file (hire date 06/01/22) revealed there was no application for employment on file. C. Record review of DCS #3's file (hire date 05/26/22) revealed there was no application for employment on file. D. Record review of DCS #4's file (hire date 03/12/22) revealed there was no application for employment on file. E. Record review of DCS #5's file (hire date 05/26/22) revealed there was no application for employment on file. F. Record review of DCS #6's file (hire date 02/24/22) revealed there was no application for employment on file. G. Record review of DCS #7's file (hire date 07/28/21) revealed there was no application for employment on file.	A 022		

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A 022	Continued From page 11 H. Record review of DCS #8's file (hire date 06/02/22) revealed there was no application for employment on file. I. Record review of DCS #9's file (hire date 05/05/22) revealed there was no application for employment on file. J. Record review of DCS #10's file (hire date 05/20/22) revealed there was no application for employment on file. K. Record review of DCS #11's file (hire date 02/24/22) revealed there was no application for employment on file. L. On 07/14/22 at 10:39 am, during an interview with the Administrator, she confirmed that DCS #s 1-11 did not complete an application for employment and she did not have any on file.	A 022	A 022 By 8/26/2022, All current DCS employees have completed applications for employment. The applications are filed in the personnel file located in a locked cabinet in the Administrator's office. The Administrator or designee will ensure all new employees complete an application for employment prior to date of hire.	
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be	A 025		

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A 025	Continued From page 12 documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs.	A 025		

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A 025	Continued From page 13 [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	A 025		

This REQUIREMENT is not met as evidenced by:
7.8.2.25 C (17)

Based on record review and interview, the facility failed to ensure for 1 (R #3) of 3 (R #s 1-3) resident evaluation/assessment reflected safety needs/high risk behaviors; history of falls agitation and was updated to reflect a significant change in health status.

This deficient practice could likely result in R#3 to be at risk of not getting the care and services needed if the Direct Care Staff (DCS) do not know what the residents' correct needs are.

The findings are:

A. Record review of R #3's resident file revealed a history and physical dated on 01/14/22 that indicated R #3 was seen for the following falls prior to admission on [redacted]22:

1. R #3 was seen in the ER on 10/05/21 for [redacted]
2. R #3 was seen in the ER on 11/16/21 for [redacted]
3. R #3 was seen in the ER on 12/17/21 for [redacted]

B. Record review of R #3's evaluation/assessment dated 01/17/22 did not reflect R #3's safety needs for their history of falls.

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A 025	Continued From page 14 C. Record review of R #3's Participant Care Plan Summary dated 01/24/22 revealed that R #3 was marked as a high fall risk, but there was no change or update to R #3's evaluation/assessment. D. On 07/15/22 at 1:16 pm, during and interview with DCS #10, she stated that the Administrator advised her that R #3 was a fall risk based on information provided by the POA (Power of Attorney) but it was not included on R #3's evaluation/assessment. E. On 07/26/22 at 11:02 am, during an interview with the Administrator, she confirmed that that resident was a fall risk and that information was not reflected on the evaluation/assessment.	A 025	A 025 Resident #3 is no longer living at facility. All new residents will be evalated by RN to include current Historyand Physical and POA interview, within 10 days of admission and every 6 months, or following a signifcantchange of health. The Administrator will audit the evaluations and care plans for consistency.	8/1/2022
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.	A 026		

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A 026	Continued From page 15 B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 Based on record review and interview, the facility failed to ensure for 1 (R #3) of 3 (R #s 1-3) residents whose Individual Service Plans (ISPs) were reviewed for compliance were completed within ten (10) days of admission. This deficient practice could likely result in the residents not receiving appropriate care/services if the Direct Care Staff (DCS) are not aware of what the resident's needs are.	A 026		

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A 026	Continued From page 16 The findings are: A. Record review of R #3's resident file, revealed the ISP dated 02/01/22, was not completed within 10-days after admission on [redacted]22. B. On 07/26/22 at 11:02 am, during an interview with the Administrator, she confirmed that the ISP was not completed within ten (10) days of admission.	A 026	A026 Resident #3 is no longer living at the facility. It is the policy that the facility that an RN will evaluate the resident and create the ISP within 10 days of admission. A backup RN has been identified for any scheduling conflicts. The Administrator will ensure ongoing compliance by utilizing a move in checklist with state require timeframes.	8/1/2022
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report	A 032		

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A 032	Continued From page 17 form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) and B 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement), medication error which causes or is likely to cause harm, failure to follow a doctor 's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation . B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the	A 032		

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A 032	Continued From page 18 bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for 1 (R #3) of 3 (R #s 1-3) residents whose Internal Incident Reports were reviewed for compliance, that incidents of possible abuse, neglect, or exploitation, were reported to the Licensing Authority within 24 hours or the next business day, if it is a weekend or a holiday, conducted an internal investigation, and/or submitted an investigation follow-up report to the Licensing Authority within 5 business days from the date an incident occurred. These deficient practice could likely result in the residents to be at risk of harm, injury, and/or death, if incidents occur and there is no oversight by the Licensing Authority. The findings are: A. Record review of Complaint Intake NM#59999 revealed; 1. R #3 was found lying on the floor and [redacted]22 at 2:30 pm. 2. The facility notified emergency services. 3. The facility did not report the incident to the Licensing Authority until 07/01/22, 8 days after the incident. B. Record request for documentation that the facility conducted an internal investigation and submitted an investigation follow-up report,	A 032		

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A 032	Continued From page 19 revealed: 1. The facility did not conduct an internal investigation of the incident that occurred on 06/23/22 involving R #3. 2. The facility did not submit a follow-up complaint investigation report to the Licensing Authority within 5 business days from the date of the incident. C. On 08/02/22 at 8:52 am, during an interview with the Administrator, she confirmed: 1. The facility did not report the incident involving R #3 on 06/23/22 to the Licensing Authority within 24 hours or the next business day. 2. The facility did not conduct an internal investigation of the incident. 3. The facility did not submit a follow-up complaint investigation report to the Licensing Authority within 5 business days from the date of the incident for the incident involving R #3.	A 032	A 032 Resident #3 is no longer living at the facility. On July 7, 2022 Administrator and staff were trained on Incident Reporting requirements/process. Administrator and staff provided reverse demonstration of understanding. All incidents going forward will be reported to the Licensing authority within 24 hours of the incident, and will be internally investigated. A follow up report will be submitted to the Licensing Authority 5 days from the date of the incident.	
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 administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the	A 035		

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A 035	Continued From page 20 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. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For	A 035		

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A 035	Continued From page 21 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; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or	A 035		

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A 035	Continued From page 22 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. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with	A 035		

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A 035	Continued From page 23 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 Based on record review and interview, the facility failed to ensure for (R #3) of 1 resident whose MAR was reviewed for compliance contained all medications with a physician's order. This deficient practice could likely cause harm to the resident if the MAR does not contain accurate information and the resident goes without an ordered medication. The findings are: A. Record review of R #3's Physician Order note dated 03/08/22 revealed there was an order for a liquid supplement shake twice daily. B. Record review of R #3's March, April, May, June, and July 2022 MAR revealed no documentation of the liquid supplement shake. C. On 08/02/22 at 8:52 am, during an interview with the Administrator, she confirmed that the liquid supplement shake was not on the MAR and that there was a physician order for it.	A 035	A 035 Resident is no longer living at the facility. Per regulations, liquid supplements must have a physician's order and must be listed on the MAR. Administrator will reconcile MAR daily to ensure all medications including liquid supplements are listed on the MAR and are given to resident as prescribed.	8/1/2022