STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4107	A. BUILDING: _____ B. WING _____	C 01/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR ASSISTED LIVING AND MEMORY CAI	2041 S PACHECO ST SANTA FE, NM 87505

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8 000	Initial Comments The following deficiency was cited during a Complaint survey conducted on 01/25/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 80 Complaint Intake NM [redacted] was investigated with deficiency cited.	8 000		
8 035	8 NMAC 370.14.35 Medication 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 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	8 035	8 035 Medication Administration A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list: 1. Resident #3 no longer resides in the community. B. With respect to what the facility will do to PREVENT the same deficiency from recurring: 1. RVPW or designee will educate all nurses and medication errors and occurrences, completing the Incident Report and notifying the prescribing or primary care provider. In-service will be completed on or before March 31st, 2025 and documented on an in-service sign in sheet. 2. WD or designee will bring to QA monthly all medication error reports for review for tracking and trending purposes. This audit will be conducted using an internal QA audit tool.	

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8 035	Continued From page 1 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 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	8 035	8 035 Medication Administration A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list: 1. Resident #3 no longer resides in the community. B. With respect to what the facility will do to PREVENT the same deficiency from recurring: 1. RVPW or designee will educate all nurses and medication errors and occurrences, completing the Incident Report and notifying the prescribing or primary care provider. In-service will be completed on or before March 31st, 2025 and documented on an in-service sign in sheet. 2. WD or designee will bring to QA monthly all medication error reports for review for tracking and trending purposes. This audit will be conducted using an internal QA audit tool.	

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8 035	Continued From page 2 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 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.	8 035	8 035 Medication Administration A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list: 1. Resident #3 no longer resides in the community. B. With respect to what the facility will do to PREVENT the same deficiency from recurring: 1. RVPW or designee will educate all nurses and medication errors and occurrences, completing the Incident Report and notifying the prescribing or primary care provider. In-service will be completed on or before March 31st, 2025 and documented on an in-service sign in sheet. 2. WD or designee will bring to QA monthly all medication error reports for review for tracking and trending purposes. This audit will be conducted using an internal QA audit tool.	

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8 035	Continued From page 3 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 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 M Based on record review and interview, the facility failed to ensure for 1 (R #3) of 1 (R #3) resident that medication errors were reported and documented with prescribers response in resident's record.	8 035	8 035 Medication Administration A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list: 1. Resident #3 no longer resides in the community. B. With respect to what the facility will do to PREVENT the same deficiency from recurring: 1. RVPW or designee will educate all nurses and medication errors and occurrences, completing the Incident Report and notifying the prescribing or primary care provider. In-service will be completed on or before March 31st, 2025 and documented on an in-service sign in sheet. 2. WD or designee will bring to QA monthly all medication error reports for review for tracking and trending purposes. This audit will be conducted using an internal QA audit tool.	

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8 035	Continued From page 4 This deficient practice could likely cause harm to the residents if the wrong medication was administered and was not documented and reported to the resident's physician. The findings are: A. Record review of R #3's physician orders, dated 10/08/23, revealed the following: 1 [redacted] B. Record review of the incident report dated 10/16/23, written by Wellness Director revealed Direct Care Staff (DCS) staff administered R #3 a whole tablet of [redacted] instead of the prescribed dose of [redacted] for 10/09/23 through 10/12/23. C. Record review of R #3's Medication Assistance Record (MAR), dated October 2023, revealed the following: 1. On October 9th and 10th 2023, DCS #3 administered R #3 a full dose, a [redacted] medication administration. 2. On October 11th, 2023, DCS #4 administered R #3 a [redacted] of [redacted] medication administration. 3. On October 12th, 2023, DCS #5 administered R #3 a [redacted] medication administration. D. Record review of R #3's file revealed the file did not contain any documentation of the	8 035	8 035 Medication Administration A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list: 1. Resident #3 no longer resides in the community. B. With respect to what the facility will do to PREVENT the same deficiency from recurring: 1. RVPW or designee will educate all nurses and medication errors and occurrences, completing the Incident Report and notifying the prescribing or primary care provider. In-service will be completed on or before March 31st, 2025 and documented on an in-service sign in sheet. 2. WD or designee will bring to QA monthly all medication error reports for review for tracking and trending purposes. This audit will be conducted using an internal QA audit tool.	

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8 035	Continued From page 5 medication errors. E. On 01/25/25 at 11:56 am, during an interview, the Executive Director confirmed the facility did not document the medication errors in R #3's file.	8 035		