

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2015
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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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A 000	Initial Comments The following deficiencies were cited as a result of a full onsite survey completed on 11/24/15 for the New Mexico requirements for Assisted Living for Adults, 7.8.2 NMAC. Two compliants were investigated, NM# 29801 was unsubstantiated with no deficiencies cited and NM# 29845 was unsubstantiated with no deficiencies cited.	A 000		
A 008	7 NMAC 8.2.8 General Licensing Requirements GENERAL LICENSING REQUIREMENTS: A. Licensure is required. No person or entity shall establish, maintain or operate an assisted living facility without first obtaining a license. B. Application for licensure. An initial or renewal application shall be made on the forms prescribed by and available from the licensing authority. The issuance of an application form is not a guarantee that the completed application will be accepted, or that the department will issue a license. Information provided by the facility and used by the licensing authority for the licensing process shall be accurate and truthful. The licensing authority will not issue a new license if the applicant has had a health facility license revoked or renewal denied or has surrendered a license under threat of revocation or denial of renewal. The licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of applicable rules found to be class A or class B deficiencies as defined in Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC or has been non-compliant with plans of correction. The licensing authority will not issue a license until the applicant has supplied all of the information that is required by this rule. Any facility that fails to	A 008		

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LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 008	<p>Continued From page 1</p> <p>participate in good faith by falsifying information presented in the licensing process shall be denied licensure by the department. The following information shall be submitted to the licensing authority for approval:</p> <p>(1) a letter of intent that includes the proposed physical address, the primary population of the facility and a summary of the proposed services; after the letter of intent has been received, an application packet including; the application form, fee schedule and the licensing rule will be issued to the applicant by the licensing authority;</p> <p>(2) the completed and notarized application and the appropriate non-refundable fee(s);</p> <p>(3) a program narrative identifying and detailing the geographic service area, the primary population including any special needs requirements, along with a full description of the services that the applicant proposes to provide including:</p> <p>(a) a description of the characteristics of the proposed population of the facility;</p> <p>(b) a description of the services and care that will be provided to the residents;</p> <p>(c) a description of the anticipated professional services to be offered to the residents; and</p> <p>(d) a description of the facility ' s relationship to other services and related programs in the service area and how the applicant will collaborate with them to achieve a system of care for the residents.</p> <p>(4) policies and procedures annotated to this rule;</p> <p>(5) evidence to establish that the applicant has sufficient financial assets to permit operation of the facility for a period of six (6) months; the evidence shall include a credit report from one of the three recognized credit bureaus with a minimum credit score of six-hundred fifty (650) or above;</p>	A 008		

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A 008	<p>Continued From page 2</p> <p>(6) copies of organizational documents to include the following list of items:</p> <p>(a) the names of all persons or business entities that have at least five percent (5%) ownership interest in the facility, whether direct or indirect and whether in profits, land or building; this includes the owners of any business entity which owns all or part of the land or building;</p> <p>(b) the identities of all creditors that hold a security interest in the premises, whether land or building;</p> <p>(c) any changes in ownership or management shall be reported to the department within thirty (30) days;</p> <p>(7) building plans as required at 7.8.2.41 NMAC of this rule;</p> <p>(8) fire authority approval as required at 7.8.2.60 NMAC of this rule;</p> <p>(9) a letter of approval or exemption from the local health authority having jurisdiction for the food service and the kitchen facility;</p> <p>(10) a copy of liquid waste disposal and treatment system permit from local health authority having jurisdiction;</p> <p>(11) approval from local zoning authority;</p> <p>(12) building approval (certificate of occupancy); and</p> <p>(13) any other information that the applicant wishes to provide or that the licensing authority may request.</p> <p>C. Application for amended license. A licensee shall submit an application for an amended license and the required non-refundable fee to the licensing authority prior to a change with the facility. An amended license is required for a change of: location, administrator, facility name, capacity or any modification or addition to the building.</p> <p>(1) An application for a change of the facility</p>	A 008		

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A 008	<p>Continued From page 3</p> <p>administrator or change of the administrator ' s name shall be submitted to the licensing authority within ten (10) business days of the change.</p> <p>(2) An application for increase in capacity shall be accompanied by a building plan pursuant to 7.8.2.41 NMAC of this rule. A facility shall not increase census until the licensing authority has reviewed and approved the increase and has issued a new license that reflects the approved increase in capacity.</p> <p>D. Application for license renewal. Each facility shall apply for a renewal of the annual license within thirty (30) business days prior to the license expiration date by submitting the following items:</p> <p>(1) an application and the required fee;</p> <p>(2) an updated program narrative, if the facility has changed the program or the focus of services;</p> <p>(3) the annual fire inspection report; and</p> <p>(4) the licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of this rule or has been noncompliant with plans of correction or payment of civil monetary penalties.</p> <p>E. License. Any person or entity that establishes, maintains or operates an assisted living facility shall obtain a license as required in this rule before accepting residents for care or providing services.</p> <p>(1) Each facility that provides care or treatment shall obtain a separate license. The license is non-transferable and is only valid for the facility to which it is originally issued and for the owner or operator to whom it is issued. It shall not be sold, reassigned or transferred.</p> <p>(2) The maximum capacity specified on the license shall not be exceeded.</p> <p>(3) If the facility is closed and the residents are removed from the facility, the license shall be</p>	A 008		

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A 008	<p>Continued From page 4</p> <p>returned to the licensing authority. Written notification shall be issued to all residents or the residents ' surrogate decision maker and the licensing authority at least thirty (30) calendar days prior to the closure.</p> <p>F. Temporary license.</p> <p>(1) A temporary license may be issued to a new facility before residents are admitted provided that the facility has met all of the life safety code requirements as stated in this rule and policies and procedures for the facility have been reviewed and approved.</p> <p>(2) Upon receipt of a temporary license, the facility may begin to admit up to three (3) residents.</p> <p>(3) After the facility has admitted up to three (3) residents, the facility operator or owner shall request an initial health survey from the licensing authority.</p> <p>(4) Following a determination of compliance with this rule by the licensing authority, an annual license will be issued. The renewal date of the annual license is based on the initial date of the first temporary license.</p> <p>(5) The licensing authority has the right to determine compliance or noncompliance.</p> <p>(6) A temporary license shall cover a period of time, not to exceed one hundred twenty (120) calendar days.</p> <p>(7) No more than two (2) consecutive temporary licenses shall be issued. If a second temporary license is issued, an additional non-refundable fee is required. If all requirements are not met within the two hundred forty (240) day time frame, the applicant shall repeat the application process.</p> <p>G. Annual license. An annual license is issued for one (1) year for a facility that has met all the requirements of this rule.</p> <p>H. Display of license. The facility shall display the</p>	A 008		

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A 008	<p>Continued From page 5</p> <p>license in a conspicuous public place that is visible to residents, staff and visitors.</p> <p>I. Unlicensed facilities. Any person or entity that opens or maintains an assisted living facility without a license is subject to the imposition of civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within ten (10) days of notice by the licensing authority may result in the following penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC.</p> <p>(1) A civil monetary penalty not to exceed five-thousand dollars (\$5,000) per day.</p> <p>(2) A base civil monetary penalty, plus a per-day civil monetary penalty, plus the doubling of penalties as applicable, that continues until the facility is in compliance with the licensing requirements in this rule.</p> <p>(3) A cease and desist order to discontinue operation of a facility that is operating without a license.</p> <p>(4) Additional criminal penalties may apply and shall be imposed as necessary.</p> <p>[7.8.2.8 NMAC - Rp, 7.8.2.8 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.8 C, (1)</p> <p>Based on observation and interview, the facility failed to obtain an amended License from the Licensing Authority for a change of Administrator within ten (10) business days of the change in Administrators. The facility shall display the license in a noticeable public place that is visible to residents, staff and visitors. This deficient practice has the potential to affect all 82 (R #1-82) residents on the Resident Census list</p>	A 008		

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A 008	Continued From page 6 obtained from the Acting Administrator (AA) on 11/17/15. This deficiency could increase the possibility that the residents receive substandard care if there is no Licensed Administrator overseeing all areas in the facility. The findings are: A. On 11/17/15 at 8:00 am during observation, the current facility license displayed the name of the former Administrator who left in September 2015. B. On 11/17/15 at 9:50 am during interview with the Clinical Services Director (CSD) he confirmed the Administrator on the current License left in September 2015 and the Acting Administrator (AA) was confirmed in September 2015.	A 008		
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;	A 016		

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A 016	<p>Continued From page 7</p> <p>(7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility;</p> <p>(8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and</p> <p>(9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.</p> <p>B. Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(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;</p> <p>(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:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(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</p>	A 016		

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A 016	<p>Continued From page 8</p> <p>provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof 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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.16 B(3)(5)(7)</p> <p>Based of record review and interview, the facility failed to protect the safety and welfare of the 82 (R #1-82) residents identified on the Resident Census provided by the Acting Administrator (AA) on 11/19/15, by:</p> <p>1) Not complying with the requirements of the Caregivers Criminal History Screening Requirements (CCHS) and the Employee Abuse Registry (EAR) for direct care staff and volunteers.</p> <p>2) Not ensuring transportation staff have documentation of a valid drivers license, proof of insurance; and a clean driving record in their personnel files.</p> <p>3.) Not displaying the Assisted Living Administrator Certification.</p> <p>This deficient practice has the potential to effect the safety and welfare of all the residents by putting them at risk of abuse, neglect and exploitation, and/or great bodily harm if:</p>	A 016		

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A 016	<p>Continued From page 9</p> <p>1. The direct care staff or volunteers who have not been screened have a criminal history.</p> <p>2. The transportation staff do not have a valid drivers license, proof of insurance and documentation of a clean driving record. The findings are:</p> <p>Findings related to the Caregivers Criminal History Screening Requirements (CCHS) and Employee Abuse Registry (EAR):</p> <p>A. Record review of the Private Caregivers list revealed all 12 Private Caregivers (PC #1-12) have not had a CCHS or an EAR screening done by either the facility or their employers.</p> <p>B. On 11/17/15 at 4:13 pm, during interview with the Clinical Services Director, he confirmed that the facility does allow residents to have private caregivers. When asked for the EAR and CCHS screening documentation for the private caregivers he stated, "private caregivers are not screened by us, and I don't think they are screened by the families. They [private caregivers] are screened if they come from an agency."</p> <p>C. On 11/23/15 at 1:17 pm during interview with the AA, when asked if Private Caregivers are given CCHS and EAR screenings she stated, "No we do not currently keep files on Private Caregivers or require that they be screened."</p> <p>D. On 11/23/15 at 1:30 pm, during interview with the AA when asked if the facility could provide a list of volunteers she stated, "no we don't have one that I could find, and as far as I know we do not screen them (volunteers)."</p>	A 016		

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A 016	<p>Continued From page 10</p> <p>Findings related to Transportation Staff:</p> <p>E. Record review of Driver #1's personnel file revealed no documentation of driving record, no proof of insurance, and no documentation of having completed a transportation safety course.</p> <p>F. On 11/20/15 at 9:44 am during interview with the Business Office Manager she confirmed that there is no documentation of driving record, insurance coverage, or current drivers safety course in Driver #1's personnel file.</p> <p>Findings related to the Assisted living administrator certification:</p> <p>G. On 11/17/15 at 8:00 am during observation, no Assisted Living Administrator Certification could be located on display in the facility.</p> <p>H. On 11/17/15 at 9:50 am, during interview with the Clinical Services Director (CSD) he confirmed there is no Assisted Living Administrator Certification on display in the facility.</p>	A 016		
A 017	<p>7 NMAC 8.2.17 Staff Training</p> <p>STAFF TRAINING:</p> <p>A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents.</p> <p>B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the</p>	A 017		

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A 017	<p>Continued From page 11</p> <p>facility.</p> <p>C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include:</p> <ul style="list-style-type: none"> (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: <ul style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.17 B</p>	A 017		

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A 017	<p>Continued From page 12</p> <p>Based on record review and interview, the facility failed to provide documentation of training for the Care Givers (CG) and Medication Technicians (MT) in the following areas:</p> <ol style="list-style-type: none"> 1. 16 hours of supervised training to all Caregivers (CG's) prior to them providing unsupervised care for residents. 2. 12 hours of annual training, including proof of competency which includes the following: <ol style="list-style-type: none"> (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: <ol style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP (or staff that assist with ISPs). <p>This deficient practice increases the potential to negatively impact all 82 (R #1-82) residents on the Resident Census List, provided by the Acting Administrator (AA) on 11/19/15. Caregivers that are providing direct care for residents and have</p>	A 017		

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A 017	<p>Continued From page 13</p> <p>not received the required training, then residents may not receive the care and assistance they need putting them at risk of injury, abuse, neglect, exploitation, illness and/or death. The findings are:</p> <p>Findings related to 16 hours of supervised training:</p> <p>A. Record review of (Medication Technician) MT #1's personnel file (hire date 01/29/09) [MT's are also Caregivers providing care to residents] revealed no documentation that she received 16 hours of supervised training prior to providing unsupervised care to residents.</p> <p>B. Record review of MT #2's personnel file (hire date 10/17/00) revealed no documentation that she received 16 hours of supervised training prior to providing unsupervised care to residents.</p> <p>C. Record review of MT #3's personnel file (hire date 09/15/06) revealed no documentation that she received 16 hours of supervised training prior to providing unsupervised care to residents.</p> <p>D. Record review of CG #1's personnel file (hire date 02/26/15) revealed no documentation that he received 16 hours of supervised training prior to providing unsupervised care to residents.</p> <p>E. Record review of CG #2's personnel file (hire date 06/17/14), revealed no documentation that he received 16 hours of supervised training prior to providing unsupervised care to residents.</p> <p>F. On 11/19/15 at 11:10 am, during interview with the facility owner, he stated, "I understand we are out of compliance with the training</p>	A 017		

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A 017	Continued From page 14 documentation part of the regulations." G. On 11/20/15 at 9:38 am, during interview with the Business Office Manager (BOM), she confirmed there was no training documentation of the 16 hours of supervised training in the employee personal files. Findings related to 12 hours of annual training: H. Record review of MT#1's personnel file (hire date 01/29/09) revealed no documentation that she received 12 hours of annual training. I. Record review of MT #2's personnel file (hire date 10/17/00) revealed no documentation that she received 12 hours of annual training within the last 6 years. Last documented training was 06/19/09. J. Record review of MT #3's personnel file (hire date 09/14/06) revealed no documentation that she received 12 hours of annual training within the last 6 years Last documented training was 07/13/09. K. Record review of CG #2's personnel file (hire date 06/17/14) revealed no documentation that she received 12 hours of annual training. L. On 11/2015 at 9:47 am during interview with the BOM, she confirmed there is no documentation in the employees personnel files that they received and completed the 12 hours of annual training.	A 017		
A 021	7 NMAC 8.2.21 Resident Records	A 021		

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A 021	<p>Continued From page 15</p> <p>RESIDENT RECORDS:</p> <p>A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include:</p> <p>(1) the admission agreement records, as set forth in 7.8.2.20 NMAC;</p> <p>(2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months;</p> <p>(3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months;</p> <p>(4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission;</p> <p>(5) personal and demographic information for the resident, to include:</p> <p>(a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary;</p> <p>(b) resident's name;</p> <p>(c) age;</p> <p>(d) recent photograph;</p> <p>(e) marital status;</p> <p>(f) date of birth;</p> <p>(g) sex;</p> <p>(h) address prior to admission;</p> <p>(i) religion (optional);</p> <p>(j) personal physician;</p>	A 021		

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A 021	Continued From page 16 (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;	A 021		

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A 021	<p>Continued From page 17</p> <p>(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and</p> <p>(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.</p> <p>B. Resident records maintenance.</p> <p>(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.</p> <p>(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.</p> <p>(4) There shall be a policy and procedure in place for record retention in the event of facility closure.</p> <p>(5) Failure to follow facility policies is grounds for sanctions.</p> <p>[7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.21 A, B</p> <p>Based on record review and interview, the facility failed to ensure resident records are complete and organized utilizing a table of contents identifying section contents. This deficient</p>	A 021		

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A 021	<p>Continued From page 18</p> <p>practice could likely result in a delay in care or resident harm to the 82 (R #1-82) residents identified on the Resident Census list obtained from the Acting Administrator (AA) on 11/15/15. If documents or important information is missing from the residents records or the record is not kept in an organized manner, then the residents may suffer a delay in treatment or care, and not receive the care or assistance they need. The findings are:</p> <p>A. Record review of residents (R #1-8's) facility file revealed:</p> <ol style="list-style-type: none"> 1. no photograph of the residents, 2. no social history, 3. no language spoken could be located in the records or on the Resident Information documentation, and 4. no table of contents identifying section contents. <p>B. On 11/17/15 at 4:00 pm, during interview with the Clinical Services Director (CSD) when asked about the missing information and organization of the residents files he replied that he thinks Marketing gathers the information on the residents, will talk with them and share the required information needed with Marketing to ensure compliance as well as Nursing regarding the organization of the resident records.</p>	A 021		
A 025	<p>7 NMAC 8.2.25 Resident Evaluation</p> <p>RESIDENT EVALUATION:</p> <p>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</p>	A 025		

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A 025	<p>Continued From page 19</p> <p>the facility.</p> <p>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.</p> <p>C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:</p> <ol style="list-style-type: none"> (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. <p>D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender</p>	A 025		

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A 025	<p>Continued From page 20</p> <p>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. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.25 B, E</p> <p>Based on record review and interview, the facility failed to ensure resident evaluations for 2 residents (R #2, 5) of 8 (R #1-8) residents, chosen for record review, are reviewed at a minimum of every 6 months or when there is a change in the residents condition. This deficient practice could result in a delay in care, services and assistance the residents need resulting in possible complications and the need for medical intervention. The findings are:</p> <p>A. Record review of R #2's Resident Evaluations dated 05/15/15, 02/10/14, 12/20/12, no other evaluations could be located.</p> <p>B. Record review of R #8's Resident Evaluations dated 02/01/15, no other evaluations could be located.</p> <p>C. On 11/17/15 at 4:00 pm, during interview</p>	A 025		

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A 025	Continued From page 21 with the Clinical Services Director (CSD).	A 025		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to 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.</p> <p>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.</p> <p>(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.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(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.</p> <p>(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.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or</p>	A 034		

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A 034	<p>Continued From page 22</p> <p>her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>(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:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(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.</p> <p>(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.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p>	A 034		

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A 034	<p>Continued From page 23</p> <p>(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 administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(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.</p> <p>(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]</p> <p>This REQUIREMENT is not met as evidenced by: Reference 7.8.2.34 B (1) 16.19.11.10 NMAC.</p> <p>Reference NFPA 99, 1999 Edition</p> <p>Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no</p>	A 034		

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A 034	<p>Continued From page 24</p> <p>case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin.</p> <p>2. * Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose.</p> <p>3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation.</p> <p>4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage.</p> <p>5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7].</p> <p>6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat.</p> <p>7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or</p>	A 034		

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A 034	<p>Continued From page 25</p> <p>manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders.</p> <p>8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use.</p> <p>9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)].</p> <p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Correct medication storage with oral medications stored separately from topical medications, eye drops, and nasal inhalants and stored in separate compartments for each resident. 2. The medication refrigerators are locked, maintained at a temperature of 35-41 degrees Fahrenheit (F), and medications are to be stored in separate compartments for each resident, 3. That medications which have been discontinued, expired or left from a resident that has passed away are moved to a separate locked container until destroyed upon the next quarterly visit by the consulting pharmacist. 4. That oxygen tanks are stored securely. <p>If the facility does not ensure that medications are stored correctly, the medication refrigerators are kept locked at the appropriate temperatures, medications are not separated by resident, and oxygen tanks are not securely stored in the residents apartments, or oxygen storage room, then all 82 residents (R #1-82) on the resident census list obtained from the Acting Administrator (AA) on 11/17/15 are at risk for harm or illness</p>	A 034		

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A 034	<p>Continued From page 26</p> <p>from cross contamination of medications taken by mouth, not being kept separate from medications applied to the body, medication spoilage or ineffectiveness, if the refrigerator temperatures are not monitored, and injury if oxygen tanks are not securely stored in the residents apartments or oxygen storage area. The findings are:</p> <p>Findings related to medication storage:</p> <p>A. On 11/17/15 at 11:30 am, during observation of the Memory Care unit it was noted that the medications in the medication refrigerator were not stored in separate compartments for each resident.</p> <p>B. On 11/17/15 at 12:10 pm, during observation of the 2nd floor Medication Room medication cart revealed:</p> <ol style="list-style-type: none"> 1. Medications taken by mouth are not kept separate from medication applied to the skin, 2. The medication refrigerator lock is broken, and medications in the medication refrigerator are not kept in separate compartments for each resident. 3. One 4 ounce container of yogurt and one 28 ounce container of butter pecan Nepro drink was found stored in the medication refrigerator. <p>C. On 11/17/15 at 3:00 pm, during observation it was noted in room 107, 27 portable tanks of oxygen were unsecured and the oxygen supply company was there to deliver more tanks.</p> <p>D. On 11/17/15 at 3:30 pm during observation of the medication room on unit #2 the discontinued medication are kept in an unlocked plastic bin</p>	A 034		

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A 034	<p>Continued From page 27</p> <p>under the counter</p> <p>E. On 11/17 /15 at 3:40 pm during observation of the medication cart in unit #2 there were 4 bottles of expired medications belonging to a resident who was no longer in the facility.</p> <p>F. On 11/17/15 at 3:45 pm during observation in unit #2 a large blue plastic bin with matching unsecured lid was under the counter with several bottles of medication.</p> <p>G. On 11/17/15 at 3:45 pm during interview with RN #1, when asked who's medication in in the large blue bin under the counter she stated those were discontinued medications or belonging to residents no longer in the facility. When asked what the requirement was for storage of medications that have been discontinued or for residents no longer in the facility, she replied "well we put them in there and the pharmacist destroys them."</p> <p>H. On 11/17/15 at 4:00 pm, during interview with the Clinical Services Director he confirmed that all medication refrigerators should be locked, no food is to be stored in medication refrigerators, the medications should be separated by resident, discontinued medications or medications left when a resident passes away or is no longer in the facility are to be logged in the Discontinued Medication Log and placed in a locked cabinet until destroyed by the pharmacist, and only minimal oxygen tanks currently in use are to be stored securely in residents rooms and the extra tanks are to go to the oxygen storage room.</p>	A 034		

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A 035	Continued From page 28	A 035		
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>C. PRN (pro re nada) medication.</p> <p>(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.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of</p>	A 035		

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A 035	<p>Continued From page 29</p> <p>PRN medications shall be reported to the PCP.</p> <p>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.</p> <p>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.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>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:</p> <ol style="list-style-type: none"> (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 	A 035		

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A 035	<p>Continued From page 30</p> <p>to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pills, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>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.</p> <p>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:</p>	A 035		

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A 035	<p>Continued From page 31</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 NMAC</p> <p>Based on observation, record review, and interview the facility failed to:</p> <ol style="list-style-type: none"> 1. have State Board of Nursing licensed personnel or Certified Health Care Professionals administer medications to 2. ensure the Medication Administration Record (MAR) is accurate, complete, including documentation of the desired results obtained from the use of PRN (as needed) medications (ie: pain medication, sleep medication) for 9 (R #s 1, 2, 3, 4, 10, 11, 12, 13, 14) of 9 (R #s 1, 2, 3, 4, 	A 035		

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A 035	<p>Continued From page 32</p> <p>10, 11, 12, 13, 14) residents reviewed for medications. This deficient practice has the potential to affect the physical well-being of the residents through faulty assessment of the need for medications, erroneous delivery of medications, inadequate monitoring of effectiveness and side effects and failure to respond appropriately when negative consequences occur. If information on the MAR is not complete, accurate, and the desired results documented then residents may not be obtaining the desired outcome and may require notifying the physician, or the need for unplanned medical intervention. The findings are:</p> <p>Findings related to medication administration:</p> <p>A. On 11/18/15 at 7:30 am, during observation, Medication Technician (MT) #1 was entering R #9's apartment stating it was time for the residents medication and poured a pill from a pill cup into the residents mouth, then poured liquid from another pill cup into the residents mouth stating "here's your Liquid Colace" [stool softener].</p> <p>B. On 11/18/15 at 12:30 pm, during interview with MT #1, when asked what her job title and duties are, she replied that she is a Medication Technician/Resident Assistant (MT/RA), and that she took the MT test here at the facility to be able to pass meds (medications) to the residents, and approximately 2 weeks later she received notice she had passed. When asked if she was trained to administer medication or assist with the delivery of medication, she replied "Well both, it's the same thing right?" I explained that assisting the residents with medication is when you prepare the medications for the resident, deliver the medications and the resident take the</p>	A 035		

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A 035	<p>Continued From page 33</p> <p>medications while you observe. She replied that "some won't take them like that, some can't see well, or don't really understand and some we have to crush their medications and feed it to them with applesauce or yogurt."</p> <p>Findings related to MARs:</p> <p>C. Record review of the MAR dated [REDACTED] /15 to [REDACTED] /15 for R #1 revealed no start date for the following medications:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>The MAR also did not have the name of the prescribing physician, known allergies, notation of scheduled II-IV drugs (controlled substances such as narcotics easily abused and kept doubled locked), no documentation of the desired results obtained from the use of PRN (as needed) medications i.e.: pain medication, sleep medication, and no full signatures to identify the initials of the person assisting with the medications.</p> <p>D. Record review of the MAR dated [REDACTED] /1 to [REDACTED] /15 for R #2 revealed [REDACTED]</p> <p>[REDACTED] MAR does not indicate</p>	A 035		

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A 035	<p>Continued From page 35</p> <p>identify the initials of the person assisting with the medications.</p> <p>I. Record review of the MAR dated [REDACTED]/15 to [REDACTED]/15 for R #12 revealed no method of delivery, no full signatures to identify the initials of the person assisting with the medications, and no indication the following medications are controlled substances:</p> <p>[REDACTED]</p> <p>J. Record review of the MAR dated 11/01/15 to 11/30/15 for R #13 revealed no desired results documented for the 54 PRN medications taken during this month, and no full signatures to identify the initials of the person assisting with the medications.</p> <p>K. Record review of the MAR dated [REDACTED]/15 to [REDACTED]/15 for R #14 revealed no diagnosis for taking [REDACTED] and no full signatures to identify the initials of the person assisting with the medications.</p> <p>L. On 11/18/15 during interview with the Clinical Serves Director he confirmed that the MARs did not include the following:</p> <ol style="list-style-type: none"> 1. complete doctor's orders 2. diagnoses for use of the medications 3. full signatures to identify initials of staff administering medications 4. the desired result of PRN medications 	A 035		
A 036	<p>7 NMAC 8.2.36 Nutrition</p> <p>NUTRITION: The facility shall provide planned</p>	A 036		

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A 036	<p>Continued From page 36</p> <p>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 guidelines for Americans. " Vending machines shall not be considered a source of snacks.</p> <p>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.</p> <p>(1) Meal service. The facility shall:</p> <p>(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;</p> <p>(b) provide snacks of nourishing quality and post on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;</p> <p>(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;</p> <p>(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;</p> <p>(f) serve all residents in a dining room except for residents with a temporary illness, or with</p>	A 036		

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A 036	<p>Continued From page 37</p> <p>documented specific personal preference to have meals in their room;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(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:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(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</p> <p>(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.</p> <p>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.</p> <p>(1) Kitchen sanitation.</p>	A 036		

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A 036	<p>Continued From page 38</p> <p>(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.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(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.</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(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.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(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.</p> <p>(5) Cooks and food handlers shall wear clean</p>	A 036		

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A 036	<p>Continued From page 39</p> <p>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.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p> <p>(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.</p> <p>(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.</p> <p>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(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.</p> <p>(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.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be</p>	A 036		

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A 036	<p>Continued From page 40</p> <p>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.</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(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.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(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.</p> <p>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</p>	A 036		

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A 036	<p>Continued From page 41</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2. 36 A (1d), C (d 4 and 5)</p> <p>Based on observation, record review, and interview, the facility failed to post the weekly menu, ensure medications are not stored in the same refrigerator with food; and ensure sanitary practices in the food services department by:</p> <ol style="list-style-type: none"> 1) Not ensuring all garbage and kitchen trash that is not disposed of through a garbage disposal unit is kept in watertight containers with a close-fitting cover. 2) Not ensuring that all open food is labeled and dated in accordance with safe food storage practices. <p>This deficient practice has the potential to affect all 82 residents (R #1-82) on Resident Census list, obtained from the Acting Administrator on 11/19/15 if safe food handling practices are not adhered to this can lead to food related illnesses and/or contamination. If the weekly menu is not posted then the residents and/or their families are unable to make meal choices or alternative plans in advance. The findings are:</p> <p>1st Floor Kitchen:</p> <p>Findings related to food safety and sanitary practices:</p>	A 036		

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A 036	<p>Continued From page 42</p> <p>A. On 11/17/15 at 7:47 am, during observation, it was noted that the garbage containers did not have lids and were uncovered in the kitchen area.</p> <p>B. On 11/17/15 at 7:49 am, during interview with the Dietary Manager (DM), he confirmed the garbage containers in kitchen were not covered.</p> <p>Findings related to safe food storage practices:</p> <p>C. On 11/17/15 at 8:05 am, during observation it was noted that food items were placed in the 1st floor kitchen refrigerator without being labeled or dated. Items included: six slices of tomatoes on a plate (not covered), a bag of hamburger buns with 2 buns missing, an open package of 4 already made pancakes, sliced watermelon, cut lemons in small bowl, 2 quart container of tomato sauce, and watermelon half.</p> <p>D. On 11/17/15 at 8:14 am, during observation it was noted that on the cold food holding table the following items were not labeled: 2 quart containers of lettuce, onions, tomatoes, cucumbers, ham, and cheese.</p> <p>E. On 11/17/15 at 8:20 am, during interview with the DM when asked about labeling of open food products in the refrigerator he stated, "Everything should be labeled and dated when it's opened and placed in the fridge."</p> <p>2nd Floor Kitchen:</p> <p>Findings related to food safety and sanitary practices:</p>	A 036		

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A 036	<p>Continued From page 43</p> <p>F. On 11/17/15 at 8:24 am, during observation it was noted that the garbage containers did not have lids and were uncovered in the kitchen area.</p> <p>G. On 11/17/15 at 8:24 am, during interview the DM confirmed the garbage containers in the 2nd floor kitchen were not covered.</p> <p>Findings related to safe food storage practices:</p> <p>H. On 11/17/15 at 8:35 am during observation, it was noted that food items were placed in the 2nd floor kitchen refrigerator #1 without being labeled or dated. Items in refrigerator #1 included: diced tomatoes in 2 quart container, sliced watermelon, 4 orange slices in a bowl.</p> <p>I. On 11/17/15 at 8:40 am, during interview with the DM when asked about labeling of open food products in the refrigerator he stated, "Everything should be labeled and dated when it's open and placed in the fridge, I will start retraining my staff on this ASAP (as soon as possible)."</p> <p>Memory Care Unit Kitchen:</p> <p>Findings related to food safety and sanitary practices.</p> <p>J. On 11/17/15 at 8:49 am, during observation it was noted that the garbage containers did not have lids and were uncovered in the kitchen area.</p>	A 036		

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A 036	<p>Continued From page 44</p> <p>K. On 11/17/15 at 8:49 am, during interview the Dietary Manager (DM) confirmed the garbage containers in the Memory Care Unit kitchen were not covered.</p> <p>Findings related to menu:</p> <p>L. On 11/15/15 at 7:45 am, during observation of main dining room on the first floor, it was noted there was no menu posted.</p> <p>M. On 11/15/15 at 7:50 am, during interview with Dietary Chef/Server when asked where the current menu was posted, he replied it should be right there on the bulletin board. He confirmed it was not and went to the kitchen for one.</p> <p>7.8.2.36 A(d)</p> <p>Findings related to medication:</p> <p>N. On 11/17/15 at 12:10 pm, during observation of the 2nd floor Medication Room medication refrigerator revealed:</p> <p>1. 1- 4 ounce container of yoghurt and a 1-28 ounce container of butter pecan Nepro drink was found stored in the medication refrigerator.</p> <p>O. On 11/17/15 at 4:00 pm, during interview with the Clinical Servies Director he confirmed that no food is to be stored in medication refrigerators.</p>	A 036		