

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5789	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2024
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NAME OF PROVIDER OR SUPPLIER VILLAGE AT NORTHRISE - DESERT WILLOW II (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2884 N ROADRUNNER PARKWAY LAS CRUCES, NM 88011
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a complaint survey completed on 11/15/24, for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities.</p> <p>Census: 21</p> <p>Complaint Intake ID # [REDACTED] was investigated, and deficiencies were cited.</p>	A 000	<p>Preparation and/or execution of this plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. This plan is submitted as evidence of our compliance.</p>	
A 022	<p>7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies</p> <p>FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES:</p> <p>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:</p> <p>(1) fire inspection report;</p> <p>(2) zoning approval;</p> <p>(3) building official approval (certificate of occupancy);</p> <p>(4) a copy of the approved building plans;</p> <p>(5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints;</p> <p>(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</p>	A 022	<p>A022</p> <p>What corrective action will be taken for those residents found to have been affected by the deficient practice</p> <p>Files for DCS #7&8 located and in secure area. Audit of DCS files completed</p> <p>How other residents with the potential to be affected by the same deficient practice will be identified</p> <p>Residents 1-21 had the potential of being affected by the deficient practice</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All new hires will be audited within the first 30 days of employment and HR/designee will maintain records in a secure location. Retrain Wellness Director by NHA on requirement</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice is corrected and will not recur: Monthly audit for 3 months</p> <p>Any discrepancies will be brought to the monthly QAPI meeting for the next three months for review and revision until substantial compliance is achieved</p>	12/31/24

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE **12/6/24**

(X6) DATE

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A 022	<p>Continued From page 1</p> <p>of that determination must also be maintained;</p> <p>(7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction;</p> <p>(8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks;</p> <p>(9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable;</p> <p>(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 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:</p> <p>(a) an emergency that affects just the facility; and</p> <p>(b) a region/area wide emergency;</p> <p>(11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC);</p> <p>(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</p> <p>(13) vaccination records for pets in the facility.</p> <p>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:</p> <p>(1) a copy of the facility license;</p>	A 022		

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A 022	<p>Continued From page 2</p> <p>(2) employee personnel records, including an application for employment, training records and personnel actions:</p> <p>(a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC;</p> <p>(b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and</p> <p>(3) a copy of all waivers or variances granted by the licensing authority.</p> <p>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:</p> <p>(1) resident use of tobacco and alcohol;</p> <p>(2) resident use of facility telephone or personal cell phone;</p> <p>(3) resident use of television, radio, stereo and cd;</p> <p>(4) the use and safekeeping of residents ' personal property;</p> <p>(5) meal availability and times;</p> <p>(6) resident use of common areas;</p> <p>(7) accommodation of resident ' s pets; and</p> <p>(8) resident use of electric blankets and appliances.</p> <p>D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas:</p> <p>(1) actions to be taken in case of accidents or emergencies;</p> <p>(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;</p> <p>(3) policy for medication errors;</p> <p>(4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or</p>	A 022		

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A 022	<p>Continued From page 3</p> <p>other record indicating where the resident will be, cell phone contact, etc.);</p> <p>(5) the handling of resident's funds, if the facility provides such services;</p> <p>(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;</p> <p>(7) reporting and investigating internal complaints;</p> <p>(8) reporting and investigating complaints to the incident management bureau;</p> <p>(9) staff and resident fire and safety training;</p> <p>(10) smoking policy for staff, residents and visitors;</p> <p>(11) the facility's bed hold policy;</p> <p>(12) admission agreement;</p> <p>(13) admission records;</p> <p>(14) resident records including maintenance and record retention if the facility closes;</p> <p>(15) program narrative;</p> <p>(16) resident's rights with regard to making health care decisions and the formulation of advance directives;</p> <p>(17) personnel policies;</p> <p>(18) identifying and safeguarding resident possessions;</p> <p>(19) securing medical assistance if a resident's own physician is not available;</p> <p>(20) staff training appropriate to staff responsibilities;</p> <p>(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;</p> <p>(22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and</p>	A 022		

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A 022	<p>Continued From page 4</p> <p>(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]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.22.B</p> <p>Based on record review and interview, the facility failed to ensure for 2 (DCS (Direct Care Staff) #'s 7 and 8) of 2 (DCS #'s 7 and 8) staff members, identified on the staff list provided by Wellness Director on 11/14/24, had a personnel record kept on file at the facility and made available for review upon request by the licensing authority. These deficient practices could likely result in the 21 (R #'s 1-21) residents identified on the census provided by the Wellness Director on 11/14/24 to be at risk of harm if residents are being provided care by staff who may not have the qualifications or adequate training required to work at the facility.</p> <p>The findings are:</p> <p>A. Record review of the personnel files for all staff listed on the staff list provided by the wellness director on 11/14/24, revealed two DCS # 7 and DCS #8 were not provided.</p> <p>B. On 11/15/24 at 1:45 pm, during an interview with the wellness director, she stated that DCS #'s 7 and 8 personnel files have not been located anywhere in the facility.</p>	A 022		

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A 027	<p>7 NMAC 8.2.27 Resident Activities</p> <p>RESIDENT ACTIVITIES: Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [7.8.2.27 NMAC - Rp, 7.8.2.28 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.27</p> <p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Recreational and social activities were available for residents. 2. An activities calendar was posted. <p>These deficient practices could likely affect the mental and social well-being of the 21 (R #'s 1-21) of 21 residents identified on the census, provided by the wellness director on 11/14/24, if activities are not provided for residents to participate and are not posted.</p> <p>The findings are:</p> <p>A. On 11/14/24 at 7:15 am, during initial observation of the facility's common living area, revealed a resident activity calendar was not posted.</p> <p>B. On 11/14/24 at 10:30 am, during an interview with License Practical Nurse (LPN) #1, she</p>	A 027	<p>A027</p> <p>What corrective action will be taken for those residents found to have been affected by the deficient practice.</p> <p>Recreation Director started 12/3/24</p> <p>How other residents with the potential to be affected by the same deficient practice will be identified</p> <p>Residents 1-21 had the potential of being affected by the deficient practice</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Recreational Director on site training with other Recreation Personnel, along with direct training with the Director of Health and Wellness. Monthly training with NM Senior Director of Recreation via virtual conferencing. December 2024 calendar was posted 12/6/24. Daily Recreation Log will be audited monthly by the Director of Health and Wellness or Designee for 2 months. Audits will then continue monthly. Retrain Wellness Director by NHA on requirement</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice is corrected and will not recur, Monthly audit for 3 months</p> <p>Any discrepancies will be brought to the monthly QAPI meeting for the next three months for review and revision until substantial compliance is achieved</p>	1/3/25
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A 027	<p>Continued From page 6</p> <p>stated:</p> <p>1. The facility has not provided any activities for the residents "for months."</p> <p>2. An activities calendar is not posted because activities are not offered.</p> <p>C. On 11/14/24 at 12:23 pm, during an interview with DCS #1, she stated that there are not much activities for residents, "just the TV."</p> <p>D. On 11/15/24 at 9:07 am, during an interview with R #2's daughter, she stated that the last time activities occurred was "months ago."</p> <p>E. On 11/15/24 at 9:20 am, during an interview with R #6's son, he stated that "it would be nice if [REDACTED] could do more activities."</p> <p>F. On 11/15/24 at 12:52 pm, during an interview with the wellness director, she confirmed there is no activities calendar posted and "every staff member is responsible for engagement with residents".</p>	A 027	<p>A035</p> <p>What corrective action will be taken for those residents found to have been affected by the deficient practice.</p> <p>Nurse Practice Educator for Campus is conducting assisting with medication delivery retraining with all staff on 12/9/2024. R # 1-6 need nurse/provider eval</p> <p>How other residents with the potential to be affected by the same deficient practice will be identified</p> <p>Residents #1,2,3,4,5,6 had the potential of being affected by the deficient practice. "look-back" audit of rsd MAR's</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Medication Competency will be conducted by the Director of Health and Wellness or Designee with staff trained to assist with medication delivery by 12/31/2024. And then every 6 months after.</p>	12/31/24
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</p>	A 035	<p>How the corrective action(s) will be monitored to ensure the deficient practice is corrected and will not recur</p> <p>MAR audits will be conducted monthly by the Director of Health and Wellness or designee for 2 months, and then monthly to follow. Any deficient practice will be reported to the Director of Health and Wellness.</p> <p>Any discrepancies will be brought to the monthly QAPI meeting for the next three months for review and revision until substantial compliance is achieved</p>	

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A 035	<p>Continued From page 7</p> <p>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 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</p>	A 035		
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A 035	<p>Continued From page 8</p> <p>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 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 	A 035		
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A 035	<p>Continued From page 9</p> <p>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.</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: (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</p>	A 035		

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A 035	<p>Continued From page 10</p> <p>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: 8.370.14.35 G (17) and (19)</p> <p>Based on record review and interview, the facility failed to the Medication Administration Record (MAR) were complete and accurate for 6 (R # 1, 2, 3, 4, 5, 6) of 6 (R #1, 2, 3, 4, 5, 6) residents whose MAR's were reviewed, staff failed to:</p> <ol style="list-style-type: none"> 1. Document missed doses of medication for R #'s 1, 2, 3, 4, 5, 6. 2. Document the results of the "as needed" (PRN) medication for pain for R #1 <p>These deficient practices could likely result in harm, illness, or injury to residents, if a provider is unaware, when medications prescribed were not dispensed to a resident; or if a resident experiences relief from pain or discomfort when a PRN pain medication is dispensed.</p> <p>The findings are:</p> <p>A. Record review of R #1's MAR dated November 1 through 15th 2024, revealed the following:</p> <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Medication was not documented in the MAR as dispensed (given) on 11/08/24 at 2:00 pm.</p> <div style="background-color: black; width: 100%; height: 20px;"></div>	A 035		
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A 035	<p>Continued From page 11</p> <p>[REDACTED]</p> <p>11/12/24. Medication was documented in the MAR as given with no additional documentation if the resident had experienced pain relief following the medications administration.</p> <p>B. On 11/14/24 at 10:30 am, during an interview with License Practical Nurse (LPN) #1, she confirmed R #1's [REDACTED] 11/12/24 was documented in the MAR as dispensed but had no further documentation of the residents' level of pain relief following the medication being given.</p> <p>Missed dose of medication</p> <p>C. Record review of R #2's MAR dated November 1 through 15th 2024, revealed the following:</p> <p>[REDACTED]</p> <p>[REDACTED] Medication was not documented in the MAR as dispensed on 11/08/24 at 8:00 pm</p> <p>[REDACTED]</p> <p>[REDACTED] Medication was not documented on the MAR as dispensed on 11/08/24 at 8:00 pm</p> <p>[REDACTED]</p> <p>[REDACTED] Medication was not documented on the MAR as dispensed on 11/08/24 at 5:00 pm, 11/08/24 at 9:00 pm, and 11/10/24 at 8:00 pm</p> <p>[REDACTED]</p> <p>[REDACTED] Medication was not documented on the MAR as dispensed on 11/08/24 at 8:00 pm.</p>	A 035		

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A 035

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[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/08/24 at 8:00 pm.

D. Record review of R #3's MAR dated November 1 through 15th 2024, revealed [REDACTED]

[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/10/24 at 8:00 am.

E. Record review of R #4's MAR dated November 1 through 15th 2024, revealed the following:

[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/11/24 at 8:00 pm

[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/11/24 at 8:00 pm

[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/11/24 at 8:00 pm

[REDACTED]

[REDACTED] Medication was not documented on the MAR as dispensed on 11/11/24 at 8:00 pm

[REDACTED]

A 035

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A 035	<p>Continued From page 13</p> <p>██████████ Medication was not documented on the MAR as dispensed on 11/11/24 at 8:00 pm.</p> <p>F. Record review of R #5's MAR dated November 1 through 15th 2024. ██████████</p> <p>██████████ Medication was not documented on the MAR as dispensed on 11/03/24 at 8:00 pm.</p> <p>G. Record review of R #6's MAR dated November 1 through 15th 2024. revealed ██████████</p> <p>██████████ Medication was not documented on the MAR as dispensed on 11/04/24 at 2:00 pm.</p> <p>H. On 11/15/24 at 11:40 am, during an interview with the wellness director, she confirmed R #'s 1, 2, 3, 4, 5, and 6 had no documentation on the MAR for medications not dispensed as indicated above.</p>	A 035	<p>A069</p> <p>What corrective action will be taken for those residents found to have been affected by the deficient practice.</p> <p>All employees will receive 12 hours of dementia training annually by NPE by no later than 12/31/24. All employees will catch up on all training by 12/31/24</p> <p>How other residents with the potential to be affected by the same deficient practice will be identified</p> <p>Residents 1-21 had the potential of being affected by the deficient practice</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Current employees will complete 12 hours by 12/31/24/ Retrain Wellness Director by NHA on requirement</p>	12/31/24
A 069	<p>7 NMAC 8.2.69 Memory Care Units</p> <p>MEMORY CARE UNITS: An assisted living facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p> <p>A. Additional definitions: The following definitions, in addition to those in 7.8.2.7 NMAC, shall apply.</p> <p>(1) " Alzheimer ' s " means a brain disorder that destroys brain cells, causing problems with memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social life. Alzheimer ' s gets progressively worse and is</p>	A 069	<p>How the corrective action(s) will be monitored to ensure the deficient practice is corrected and will not recur</p> <p>Monthly training will be provided to all employees in the memory care unit. Training logs will be maintained by the Director of Health and Wellness, or designee. Monthly audit or 3 months</p> <p>Any discrepancies will be brought to the monthly QAPI meeting for the next three months for review and revision until substantial compliance is achieved</p>	

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A 069	<p>Continued From page 14</p> <p>fatal.</p> <p>(2) " Care coordination agreement requirement " means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services.</p> <p>(3) " Dementia " means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain.</p> <p>(4) " Memory care unit " means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer ' s disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.</p> <p>(5) " Secured environment " means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.</p> <p>B. Care coordination requirement. An assisted living facility that accepts residents with memory issues shall determine which additional services and care requirements are relevant to the resident and disease process.</p> <p>(1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services.</p> <p>(2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider.</p> <p>C. Employee training. In addition to the training requirements for all assisted living facilities, pursuant to 7.8.2.17 NMAC, all employees assisting in providing care for memory unit</p>	A 069		

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A 069	<p>Continued From page 15</p> <p>residents shall have a minimum of twelve (12) hours of training per year related to dementia, Alzheimer ' s disease, or other pertinent information.</p> <p>D. Individual service plan (ISP). An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident ' s primary care practitioner, in compliance with the requirements outlined in " Individual Service Plan, " 7.8.2.26 NMAC, pursuant to a team meeting as described in " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC, and which ensures the following criteria:</p> <p>(1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident ' s needs;</p> <p>(2) medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:</p> <p>(a) a physician;</p> <p>(b) a physician extender (PA or NP);</p> <p>(c) a licensed nurse (RN or LPN);</p> <p>(d) the resident if their PCP has approved it;</p> <p>(e) family or family designee; and</p> <p>(f) any other individual in accordance with applicable state and local laws.</p> <p>E. Assessments and reevaluations.</p> <p>(1) An assessment shall be completed by a registered nurse or a physician extender within fifteen (15) days prior to admission. When emergency placement is warranted the fifteen (15) day assessment shall be waived and the assessment shall be completed within five (5) days after admission.</p>	A 069		
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A 069	<p>Continued From page 16</p> <p>(a) The resident shall have a medical evaluation and documentation by a physician, physician's assistant or a nurse practitioner within six (6) months of admission.</p> <p>(b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit.</p> <p>(c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted.</p> <p>(2) A re-evaluation must be completed every six (6) months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the resident ' s stay in the assisted living facility memory care unit is still appropriate.</p> <p>F. Documentation in the resident ' s record. In addition to the required documentation pursuant to 7.8.2.21 NMAC, the following information shall be documented in the resident ' s record:</p> <p>(1) the physician ' s diagnosis for admission to a secure environment or a memory care unit;</p> <p>(2) the pre-admission assessment; and</p> <p>(3) the re-evaluation(s).</p> <p>G. Secured environment.</p> <p>(1) Memory care unit residents may require a secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to</p>	A 069		

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A 069	<p>Continued From page 17</p> <p>the public way. These include but are not limited to:</p> <ul style="list-style-type: none"> (a) double alarm systems; (b) gates connected to the fire alarm; and (c) tab alarms for residents at risk for elopement. <p>(2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents.</p> <ul style="list-style-type: none"> (a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents. (b) Residents shall be able to independently access the outdoor areas. <p>(3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times.</p> <p>H. Resident rights. In addition to the requirements pursuant to 7.8.2.32 NMAC, the following shall apply:</p> <ul style="list-style-type: none"> (1) the resident's rights may be limited as required by their condition and as identified in the ISP; (2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact the resident ' s legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact. <p>I. Disclosure to residents. A facility that operates a secured environment shall disclose to the resident and the resident ' s legal representative, if applicable and prior to the resident ' s admission to the facility, that the facility operates a secured environment.</p> <ul style="list-style-type: none"> (1) The disclosure shall include information about the types of resident diagnosis or behaviors that 	A 069		
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A 069	<p>Continued From page 18</p> <p>the facility provides services for and for which the staff are trained to provide care for.</p> <p>(2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide.</p> <p>J. Staffing. The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one (1) trained staff member awake and in attendance in the secured environment at all times. [7.8.2.69 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.69 C</p> <p>Based on record review and interview, the facility failed to ensure that staff records indicated dementia training was completed for 8 (Direct Care Staff (DCS) #'s 4, 5, 6, 9,10,11, Registered Nurse (RN) #2 and Wellness Director #1) of 8 (Direct Care Staff #'s 4, 5, 6, 9,10,11, RN #2, and Wellness Director #1) staff, as required by the regulation.</p> <p>This deficient practice could likely result in harm or injury for 21 (R #'s 1-21) residents identified on the census provided by the Wellness Director on 11/14/24, if staff providing care have not received all required training and do not know how to properly care for residents. The findings are:</p> <p>A. Record review of DCS #4's personnel file (date of hire 01/25/19) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>B. Record review of DCS #5's personnel file (date</p>	A 069		
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A 069	<p>Continued From page 19</p> <p>of hire 11/15/18) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>C. Record review of DCS #6's personnel file (date of hire 02/26/15) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>D. Record review of DCS #9's personnel file (date of hire 07/25/23) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>E. Record review of DCS #10's personnel file (date of hire 11/11/19) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>F. Record review of DCS #11's personnel file (date of hire 08/21/23) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>G. Record review of RN #2's personnel file (date of hire 11/17/17) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>H. Record review of Wellness Director #1's personnel file (date of hire 12/10/10) revealed, the record did not contain 12 hours of dementia training required per year by the regulation.</p> <p>I. On 11/15/24 at 8:10 am, during an interview with Wellness Director, she confirmed that the above listed staff had not received 12 hours of dementia training required per year by the regulation.</p>	A 069		
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