

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2055</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE VALENCIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 VALENCIA DRIVE SE</b> <b>ALBUQUERQUE, NM 87108</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments  The following deficiency was cited during a complaint survey (facility self-report) completed on 04/28/15 for the New Mexico Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC. Complaint NM # 29667 was substantiated.	A 000		
A 026	7 NMAC 8.2.26 Individual Service Plan  INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination	A 026		

Division of Health Improvement  
LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A 026	<p>Continued From page 1</p> <p>that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: The following refers to paragraph 7.8.2.26 (3)</p> <p>Based on record review and interview, the facility failed to revise an individual service plan for 1 (R #1) of 4 ( R #1, 2, 3, and 4) sampled residents who experienced a change of condition. This deficient practice could negatively impact resident care and possibly cause harm through lack of accurate documentation of resident condition. The findings are:</p> <p>A. Review of Resident #1's record revealed that [REDACTED] had experienced [REDACTED] on [REDACTED]/15, [REDACTED]/15, and [REDACTED]/15.</p> <p>B. On 04/28/15 at 9:30 am, during observation and interview, Resident #1 was visited in [REDACTED] room. [REDACTED] could not communicate what happened.</p> <p>C. On 04/28/15 at 11:00 am, during interview, Physician #1 stated that R#1's condition had deteriorated since the end of February, 2015 and that the [REDACTED] can be attributed to increasing [REDACTED] and worsening of [REDACTED] physical</p>	A 026		

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A 026	<p>Continued From page 2</p> <p>condition.</p> <p>D. On 04/28/15 at 9:45 am, during interview, family member #1 stated, "The facility staff thought [REDACTED] had a fracture of the right hand. There was no fracture, but [REDACTED] did have [REDACTED]. They took [REDACTED] to the hospital and found the [REDACTED]. In my opinion, the staff is providing good care. [REDACTED] has gone downhill the last 1 1/2 months. [REDACTED] was put on hospice yesterday because [REDACTED] is not eating."</p> <p>E. Record review of the three falls experienced by Resident #1 revealed the following:</p> <ol style="list-style-type: none"> <li>1. The facility post-fall evaluation for Resident #1's [REDACTED] on [REDACTED]/15 documented that she suffered no injury as well as a statement from Resident #1 that [REDACTED] did not remember how [REDACTED] got on the floor. The section of the form that documented compliance with safety interventions stated that [REDACTED] did not use [REDACTED] walker.</li> <li>2. The facility post-fall evaluation for Resident #1's [REDACTED] on [REDACTED]/15 documented that Resident #1 said that [REDACTED]. The form stated that Resident #1 had experienced a change of condition during the past 30 days. [REDACTED] change in [REDACTED] status was identified as a risk factor that contributed to the [REDACTED].</li> <li>3. The facility post-fall investigation report for resident #1's [REDACTED] on [REDACTED]/15 documented that Resident #1 did not know what happened. [REDACTED] post-fall evaluation revealed documentation of [REDACTED] over the past 30 days.</li> </ol> <p>D. Record review of R #1's latest individual service plan, dated [REDACTED]/15, revealed no requirements for a special falls prevention program and no evidence of an updated plan</p>	A 026		

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A 026	Continued From page 3  after she fell 3 times in 4 days.  E. On 04/28/15 at 1:30 pm, when asked why R #1's individual service plan had not been updated, the Health Services Director stated that since R #1 was awaiting hospice placement, no update had been completed.	A 026		