

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/27/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments The following deficiency was cited during a Revisit survey completed on [REDACTED] 23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults Census: 44 DEFINITIONS DCS: Direct Care Staff ED: Executive Director OTC: Over the counter Quantity: Amount/Number R: Resident	{A 000}	The following plan of correction for Brookdale Valencia regarding the statement of deficiencies dated [REDACTED] 23. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulator regulations. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding nor have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvement to satisfy that objective.	
{A 034}	7 NMAC 8.2.34 Custodial Drug Permits 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. 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. (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. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery	{A 034}		

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

M. P. [Signature]

Executive Director

1/8/24

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{A 034}	Continued From page 1 forms. (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. (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. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (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. (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: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (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	{A 034}		

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{A 034}	<p>Continued From page 2</p> <p>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> <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:</p>	{A 034}		

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{A 034}	<p>Continued From page 3</p> <p>7.8.2.34 A (5)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED] 23.</p> <p>Based on observation and interview, the facility failed to ensure for [REDACTED] resident who self-administer their own medications, stored them in a locked compartment, in their room.</p> <p>This deficient practice could likely result in the residents to be at risk of harm, injury, or death if resident's medications were misused or stolen.</p> <p>The findings are:</p> <p>A. On [REDACTED] 23 at 2:13 pm, during an observation of R #6's [REDACTED] a large quantity (many) of the resident's prescription, OTC, and narcotic medications were unsecured.</p> <p>B. On [REDACTED] 23 at 2:28 pm, during an interview with the Director of Resident Programs, she confirmed that there was a large quantity of unsecured medications in R #6's [REDACTED]</p> <p>C. On [REDACTED] 23 at 2:37 pm, during an observation of R #10's [REDACTED] a large quantity of prescription and OTC medications were unsecured.</p> <p>D. On [REDACTED] 23 at 2:55 pm, during an interview with the Administrator, she confirmed there were unsecured medications in R #6 and R #10's [REDACTED]</p>	{A 034}	<p>1 Memo given to all residents who self medicate that all medications must be stored in locked in their apartments.</p> <p>2 Health and Wellness Director or designee will spot check weekly for compliance.</p> <p>3 All staff to monitor for medications that are not kept locked up and notify Health and Wellness Director</p> <p>4 If residents are found to be out of compliance community will take over medication administration</p> <p>5 Health and Wellness Director to monitor for compliance.</p> <p>6 Completion date: [REDACTED]</p>	