

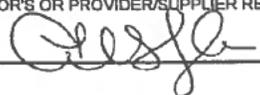
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/31/2020
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NAME OF PROVIDER OR SUPPLIER  GARLAND HOME, LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120
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(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 deficiencies were cited during an Initial survey completed on 01/31/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	A 000		
A 017	7 NMAC 8.2.17 Staff Training  STAFF TRAINING: 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. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (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	A 017		

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



TITLE

Manager

(X6) DATE

4-29-2020

Division of Health Improvement

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A 017	Continued From page 1  medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. 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]  This REQUIREMENT is not met as evidenced by: 7.8.2.17 A B C  Based on record review and interview, the facility failed to ensure that all Direct Care Staff (DCS) files had documentation to show they had received the required annual training's for the years; 2017, 2018, and 2019. This deficient practice could likely result in all 5 (R#1-5) residents listed on the census received from the Director on 01/29/20, having their health and safety affected if DCS are not sufficiently trained.  The findings are:  A. Record review of staff training files revealed no documentation to show that Direct Care Staff (DCS #s 1 & 2) had received 16-hours of supervised training before providing unsupervised care to residents.  B. Record review of the of DCS #s 1 & 2, Director, and Administrator's staff files, revealed no documentation of receiving annual training's for the years 2017, 2018, and 2019.  B. On 01/31/20 at 10:40 am, during an interview	A 017	As Required by NMAC 7.8.2.17 Certification and documentation have been added to staff personnel files showing 16 hours of supervised training prior to unsupervised care of residents.  For NMAC 7.8.2.17 B, training certifications for 2017-2019 cannot be recovered for previous from previous training program as it no longer exists. New certificates from new program have been printed and incorporated in staff training files. Administrator will assign courses for all employees; employees will be monitored on training program to ensure employees are logging in and completing courses to ensure the 12 hours of training have/will be met for the year.  Administrator will be responsible for training new employees/volunteers prior to unsupervised care; Admin. will also take responsibility to ensure proper documentation/certification is filed in personnel file as well.	2-11-2020  2-11-2020

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A 017	Continued From page 2  with the Administrator and Director, they confirmed that although training was done, there was no documentation to prove that: 1. DCS #s 1 & 2 received 16 hours of supervised training, prior to providing unsupervised care to the residents. 2. DCS #s 1 & 2, Director, and Administrator's annual records for the years 2017, 2018, and 2019 were missing.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge  ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities	A 020		

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A 020	<p>Continued From page 3</p> <p>pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(11) the facility ' s bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided, a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This</p>	A 020		

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A 020	<p>Continued From page 4</p> <p>rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>(1) ventilator dependency;</li> <li>(2) pressure sores and decubitus ulcers (stage III or IV);</li> <li>(3) intravenous therapy or injections;</li> <li>(4) any condition requiring either physical or chemical restraints;</li> <li>(5) nasogastric tubes;</li> <li>(6) tracheostomy care;</li> <li>(7) residents that present an imminent physical threat or danger to self or others;</li> <li>(8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP;</li> <li>(9) residents with a diagnosis that requires isolation techniques;</li> <li>(10) residents that require the use of a Hoyer lift; and</li> <li>(11) ostomy (unless resident is able to provide self care).</li> </ul> <p>C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> <li>(1) Convene a team, comprised of: <ul style="list-style-type: none"> <li>(a) the facility administrator and a facility health care professional if desired;</li> <li>(b) the resident or resident's surrogate decision maker; and</li> <li>(c) the hospice or home health clinician.</li> </ul> </li> </ul>	A 020		

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A 020	<p>Continued From page 5</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed</p>	A 020		

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A 020	<p>Continued From page 6</p> <p>provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC &amp; 7.8.2.20 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (11) (12)</p> <p>Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings.</p>	A 020		

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A 020	<p>Continued From page 7</p> <p>B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.</p> <p>C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."</p> <p>SECTION 2. EMERGENCY. -It is necessary for the public peace, health and safety that this act take effect immediately.</p> <p>Based on record review and interview the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose Admission/Discharge Agreements were reviewed for compliance included:</p> <ol style="list-style-type: none"> <li>1. A refund upon death policy that is in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and (SB) 0335 - 2013.</li> <li>2. Bed-hold policy</li> <li>3. The Admission/Discharge Agreement may be termination if appropriate placement has been found for the resident.</li> </ol> <p>These deficient practices could likely result in residents being at risk of:</p> <ol style="list-style-type: none"> <li>1. The resident's estate not receiving monies owed to them and/or being aware of extra charges that could occur for storage of the residents' belongings.</li> </ol>	A 020		

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A 020	<p>Continued From page 8</p> <p>2. Losing their room if they were to be in the hospital or out of the residency for a prolonged time period.</p> <p>3. Having their agreement terminated without appropriate placement.</p> <p>The finding(s) are:</p> <p>A. Record review of R #s 1-3 Admissions/Discharge Agreements revealed that they did not include the following:</p> <ol style="list-style-type: none"> <li>1. A refund policy upon death, in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and (SB) 0335 - 2013.</li> <li>2. The facility's bed hold policy.</li> <li>3. That the agreement can be terminated if an appropriate placement has been found.</li> </ol> <p>B. On 01/30/20 at 1:30 pm, during an interview with the Director, she confirmed that the Admission/Discharge Agreements for R #s 1-3 did not include:</p> <ol style="list-style-type: none"> <li>1. A refund policy upon death, in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and (SB) 0335 - 2013.</li> <li>2. The facility's bed hold policy.</li> <li>3. That the agreement can be terminated if an appropriate placement has been found.</li> </ol>	A 020	<p>For NMAC 7.8.2.20, a refund policy, bed hold policy, &amp; admission/discharge policy have been added to "The Admissions packet" for all current and future residents.</p> <p>The Refund Policy is in accordance to NMAC 7.8.2.20 as it shall be implemented upon residents' death and shall let the responsible party of the resident know he/she is entitled to a prorated refund based on a calculated daily rate for any unused portion of payment beyond termination date after all charges have been paid to the facility.</p> <p>The Refund Policy also clarifies time allotted for the deceased resident's items to be removed from the facility, as well as charges that may be incurred if the belongings are not moved by the end of the time from. It is also stated the <del>the</del> charges will not exceed 10% of the room rate.</p> <p>The responsible party will be notified 1 week prior to the facility removing or storing items as well in effort to give the responsible party time to remove items without incurring a fee.</p> <p>The policy also entails responsible party of the deceased resident will have 45 days to recover items before disposal.</p> <p>The administrator will be responsible for providing updated Admission Packet to residents, and</p>	2-10-2020
A 021	<p>7 NMAC 8.2.21 Resident Records</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</p>	A 021	<p>The administrator will be responsible for providing updated Admission Packet to residents, and</p>	

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A021	Continued From page 9  table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (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; (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; (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; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (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	A021	future residents Administrator will also be responsible for ensuring responsible party signs / dates admission packet as well.  The new policies added to the admission packet will include: 1) Refund Policy 2) Bed hold Policy 3) Admission / discharge if appropriate placement has been found.	

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A 021	Continued From page 10  (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; (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 (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	A 021		

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A 021	<p>Continued From page 11</p> <p>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 (5) (e, g, i, k, l, n) (7) B (2)</p> <p>Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose charts were reviewed for compliance:</p> <ol style="list-style-type: none"> <li>1. Were maintained in an organized manner utilizing a table of contents.</li> <li>2. Included the following required demographic information:             <ol style="list-style-type: none"> <li>a. Marital status</li> <li>b. Religion</li> <li>c. Sex</li> <li>d. Dentist</li> </ol> </li> </ol>	A 021	<p>For NMAC 7.8.2.21 A (5) (e, g, i, k, l, n) (7) B (2), residents' portfolios will be updated with the following demographics:</p> <ul style="list-style-type: none"> <li>- Marital Status</li> <li>- Sex</li> <li>- Religion</li> <li>- Dentist</li> <li>- Social history</li> <li>- Language spoken and understood.</li> </ul> <p>The information will be organized in a <del>clear</del> concise manner. Appropriate signatures will be obtained with updated ISPs for residents.</p> <p>A policy manual will include the appropriate policy and procedures for residents' records and future reference. The policy will also include procedures for maintaining confidentiality as well.</p> <p>Administration will be responsible for updating ISPs and any demographic information that may change for each resident. All portfolios will be reviewed every 6 months by an Administrator to ensure they are updated and ISPs are being done as well.</p>	<p>4-30-20</p> <p>5-20-20</p>

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NAME OF PROVIDER OR SUPPLIER  GARLAND HOME, LLC (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120		
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A 021	Continued From page 12  e. Social history f. Language spoken and understood. 3. Signed entries by Direct Care Staff (DCS), signatures of appropriate health care professionals. 4. Established policy to maintain and ensure the confidentiality of resident records  These deficient practices could likely result in delay of care or harm for all residents listed on the census provided by the Director on 01/29/20, if: 1. Resident's charts are disorganized, 2. Do not include all required demographic information 3 Signed entries by Direct Care Staff (DCS), signatures of appropriate health care professionals. 4. Established policy to maintain and ensure the confidentiality of resident records The findings are:  A. Record review of R #s 1-3 resident charts, revealed the charts were: 1. Disorganized and documents were located in several different places. 2. Missing the following demographic information: a. Marital status. b. Religion. c. Sex d. Dentist e. Social History f. Language spoken and understood 3. Missing dates and signed entries by Direct Care Staff (DCS), appropriate health care professionals and others authorized to care for the resident.  B. Record review of the facility's documents	A 021		

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A 021	Continued From page 13  revealed there was no established written policy to maintain and ensure the confidentiality of resident records.  C. On 01/30/20 at 10:55 am, during an interview with the Administrator, she confirmed that: 1. R #s 1-3 resident charts were not maintained in an organized manner, documents were located in several different places and not readily available for review. 2. R #s 1-3 resident charts did not include all required demographic information, were missing dates, signed entries by Direct Care Staff (DCS), signatures of appropriate health care professionals. 3. There was no established written policy to maintain and ensure confidentiality of resident records.	A 021		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies  FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: 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: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens	A 022		

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A 022	<p>Continued From page 14</p> <p>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 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 (FSSES) 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</p>	A 022		

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A 022	<p>Continued From page 15</p> <p>self-administration of medications or safeguards with regard to medications for the residents; and (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> <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</p>	A 022		

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A 022	<p>Continued From page 16</p> <p>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 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>	A 022		

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A 022	<p>Continued From page 17</p> <p>(20) staff training appropriate to staff responsibilities; (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; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (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: 7.8.2.22 D (2-23)</p> <p>Based on record review and interview, the facility failed to ensure they had the required Policies and Procedures (P &amp; Ps) on file at the facility and available for review. This deficient practice could likely result in all 5 (R #1-5) residents identified on the census received from the Director on 01/29/20 being at risk harm, if the facility does not have the required P &amp; Ps maintained on file at the facility for the Direct Care Staff (DCS) to know what the rules and guidelines are in caring for residents. The finding(s) are:</p> <p>A. Record review of the facility's documents revealed they did not have the following required written Policy &amp; Procedures on file at the facility for:</p> <p>1. Updating and consolidating the residents</p>	A 022	<p>A Policy and Procedure manual will be created addressing NMAC 7.8.2.22 D(2-23). Administrator will create the P&amp;P manual, and <del>it</del> it will be kept at the facility and be available for reference for all staff.</p>	5-20-20 J/C

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A 022	<p>Continued From page 18</p> <p>current physician or Primary Care Physician (PCP) orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission;</p> <ol style="list-style-type: none"> <li>2. Medication errors;</li> <li>3. Method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.);</li> <li>4. Staff and resident fire and safety training;</li> <li>5. The facility's bed hold policy;</li> <li>6. Admission agreements;</li> <li>7. Admission records;</li> <li>8. Resident records including maintenance and record retention if the facility closes;</li> <li>9. Resident's rights with regard to making health care decisions and the formulation of advance directives;</li> <li>10. Personnel policies;</li> <li>11. Securing medical assistance if a resident's own physician is not available;</li> <li>12. Staff training appropriate to staff responsibilities;</li> <li>13. 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;</li> <li>14. Witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and</li> </ol> <p>B. On 01/29/20 at 2:00 pm, during an interview with the Director, she confirmed the facility did not have any of the required written P &amp; Ps listed above on file at the facility and available to review.</p>	A 022		

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A 025	Continued From page 19	A 025		
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 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> <ul style="list-style-type: none"> <li>(1) activities of daily living;</li> <li>(2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc;</li> <li>(3) communication and hearing; ability to communicate needs and understand instructions, etc;</li> <li>(4) vision;</li> <li>(5) physical functioning and skeletal problems;</li> <li>(6) incontinence of bowel/bladder;</li> <li>(7) psychosocial well-being;</li> <li>(8) mood and behavior;</li> <li>(9) activity interests;</li> <li>(10) diagnoses;</li> <li>(11) health conditions;</li> <li>(12) nutritional status;</li> <li>(13) oral or dental status;</li> <li>(14) skin conditions;</li> <li>(15) medication use and level of assistance</li> </ul>	A 025		

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A 025	<p>Continued From page 20</p> <p>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. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender 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 A B</p> <p>Based on record review and interview the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose resident charts were reviewed for compliance that evaluations were fully completed within 15 days prior to admission and updated at a minimum of every 6 months. This deficient practice could likely result in residents not receiving appropriate care/services upon admission or if changes in needs occur and the Direct Care Staff (DCS) are not aware of what the resident's needs are and/or if there have been any changes in condition.</p>	A 025		

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A 025	<p>Continued From page 21</p> <p>The findings are:</p> <p>A. Record review of R #1's resident chart, revealed no documentation of an evaluation being completed within 15 days prior to admission on 08/04/15. There was no documentation of any other evaluations available for review.</p> <p>B. Record review of R #2's resident chart revealed no documentation available for review of any evaluations being completed after [REDACTED] 18, when resident was admitted to the facility.</p> <p>C. Records review of R #3's resident chart revealed an evaluation form that was not dated, had no resident's name, and most of the required information was missing. R #3 was admitted to the facility on [REDACTED] 18.</p> <p>D. On 01/30/20 at 11:50 am, during an interview with the Administrator, she confirmed evaluations findings listed above for R #s 1-3.</p>	A 025	<p>For NMAC 7.8.2 25 (A)(B), residents' charts will be updated to include the appropriate information (evaluation notes) by an Administrator. Going forth, the Administrator will update charts every 6 months. Prior to admission of new residents, Administrator shall meet/interview with potential resident as well as the responsible party. This interview shall take place 15 days <del>before</del> prior to admission into the facility where Administrator will evaluate the potential resident for determination of the level of <del>care</del> care and whether it can be met; establish a baseline in the resident; and shall be documented on an evaluation form.</p>	5-20-2020
A 026	<p>7 NMAC 8.2.26 Individual Service Plan</p> <p>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.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed</p>	A 026		

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A 026	<p>Continued From page 22</p> <p>practical nurse, registered nurse or a physician extender.</p> <p>(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.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility ' s determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including those authorized for PRN usage.</p> <p>[7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.26</p> <p>Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) whose residents charts were reviewed for compliance had Individual Service Plans (ISP's). This deficient practice could likely result in</p>	A 026		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/31/2020
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NAME OF PROVIDER OR SUPPLIER: GARLAND HOME, LLC (THE)  
STREET ADDRESS, CITY, STATE, ZIP CODE: 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120

(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 026	Continued From page 23 residents being harmed or injured, if Direct Care Staff (DCS) are not aware of the residents needed care/services.  The finding(s) are:  A. Record review of (R #s 1 - 3) resident charts revealed no documentation that any Individual Service Plans (ISPs) were completed by the facility.  B. On 01/30/20 at 12:30 pm, during an interview with the Administrator, she confirmed that was no documentation that any Individual Service Plans (ISPs) for R #s 1-3 had been completed.	A 026	For NM 7.3.2.26: All residents' portfolios will be updated w/current ISPs and required signatures. Facility administrator will take lead on completing ISPs and securing all necessary information	5-27-20
A 032	7 NMAC 8.2.32 Reporting of Incidents  REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be	A 032		

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A 032	<p>Continued From page 24</p> <p>maintained on file at the facility. The investigation shall include the following:</p> <p>(1) a narrative description of the incident;</p> <p>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</p> <p>(3) plans for further actions in response to the incident.</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1)</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W. &amp; 8 B. (2)</p> <p>W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health</p>	A 032		

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A 032	<p>Continued From page 25</p> <p>care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) that incidents dated 08/10/18 and 05/01/18 (falls with injury) were reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. This deficient practice could likely result in all residents listed on the census provided by the Director on 01/29/20, to be at risk of harm, if the facility is not reporting fall incidents and there is no oversight by the Licensing Authority.</p> <p>The findings are:</p> <p>A. Record review of R #1's internal incident reports revealed no documentation that the following falls with injury were reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend, on:</p> <div style="background-color: black; width: 100%; height: 100px; margin-top: 5px;"></div>	A 032	<p>For NMAC 7-1-13: Training will be provided to direct care staff and any incidents will be reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend.</p> <p>New hires will be required to have this training as part of their orientation; Administrator will conduct <del>training</del> or schedule training to ensure the facility is in compliance w/ NMAC 7.1.13.</p>	4-30-20

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A 032	Continued From page 26    B. On 01/30/19, during an interview with the Administrator, she confirmed that the incidents for R #1 dated 05/01/18 and 08/10/18 were not reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend and stated that she was not aware that they had to be reported.	A 032		
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 forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in	A 034		

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A 034	<p>Continued From page 27</p> <p>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 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</p>	A 034		

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A 034	<p>Continued From page 28</p> <p>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: 7.8.2.34 A (7)</p> <p>Refer to: NFPA (National Fire Prevention Association) 99.</p>	A 034		

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A 034	<p>Continued From page 29</p> <p>2012 Edition.</p> <p>11.3 Cylinder and Container Storage Requirements.</p> <p>11.3.1* Storage for nonflammable gases equal to or greater than 85 m<sup>3</sup> (3000 ft<sup>3</sup>) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>11.3.2* Storage for nonflammable gases greater than 8.5 m<sup>3</sup> (300 ft<sup>3</sup>), but less than 85 m<sup>3</sup> (3000 ft<sup>3</sup>), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3.</p> <p>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft)</p> <p>(2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1</p>	A 034		

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A 034	<p>Continued From page 30</p> <p>m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m<sup>3</sup> (300 ft<sup>3</sup>) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m<sup>2</sup> (22,500 ft<sup>2</sup>) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING</p> <p>Based on observation and interview the facility failed to ensure that oxygen cylinder tanks were</p>	A 034		

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A 034	<p>Continued From page 31</p> <p>secured (crate, stand, chained) and stored correctly; and that there was an "Oxygen in Use" sign on the outside of the resident's room door. This deficient practice could likely result in all 5 (R #s 1-5) residents listed on the census received from the Director on 01/29/20 being at risk of physical injury or death if oxygen cylinder tanks were to be knocked over, explode, become damaged, and depressurize accelerating a fire.</p> <p>The finding(s) are:</p> <p>A. On 01/29/20 at 10:20 am, during observation of R #3's resident room:</p> <div style="border: 1px solid red; padding: 5px;"> <p>1. Five (5) small unsecured oxygen cylinders tanks were observed sitting in a cardboard box in the closet with combustibles (clothing, shoes, boxes of briefs, cardboard boxes, and plastic bags).</p> <p>2. No "Oxygen in Use" signage was observed outside the resident's door.</p> </div> <p>B. On 01/29/20 at 10:25 am, during an interview with Director, she confirmed for R #3's resident room, that:</p> <div style="border: 1px solid red; padding: 5px;"> <p>1. Five (5) small unsecured oxygen cylinders tanks were observed sitting in a cardboard box in the closet with combustibles (clothing, shoes, boxes of briefs, cardboard boxes, and plastic bags).</p> <p>2. There was no "Oxygen in use" signage on the outside of the room door.</p> </div>	A 034	<p>For NMAC 8.2.34:</p> <p>Oxygen tanks have been removed from facility. <del>EE</del> Going forth, oxygen tanks shall be stored in outside shed. The shed shall have a vent installed, and <del>any</del> oxygen tanks shall not be stored with any other flammable gas containers. A lock and key are installed on shed in order to keep unauthorized personnel out.</p> <p>"Oxygen in Use" signs have also been placed on appropriate residents' door.</p> <p>Administrator will make arrangements for vent installation. <del>Si</del> "Oxygen in Use" sign will be saved for future use as a word document on company computer. Administrator will post sign as needed, as well as sign for storage shed "OXIDIZING Gas stored within. No smoking".</p> <p>← on residents' doors</p>	2-7-20  2-7-20
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</p>	A 035		

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A 035	<p>Continued From page 32</p> <p>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 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</p>	A 035		

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A 035	<p>Continued From page 33</p> <p>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"> <li>(1) the resident's name;</li> <li>(2) any known allergies to medication that the resident has;</li> <li>(3) the name of the resident's PCP or the prescriber of the medication;</li> <li>(4) the diagnosis or reason for the medication;</li> <li>(5) the name of the medication, including the drug product brand name and the generic name;</li> <li>(6) notation if the medication is a schedule II-IV drug;</li> <li>(7) the dosage of the medication;</li> <li>(8) the strength of the medication;</li> <li>(9) the frequency or how often the medication is to be taken or given;</li> <li>(10) the route of delivery for the medication (mouth, eye, ear, other);</li> <li>(11) the method of delivery for the medication (pills, drops, IM injection, other);</li> <li>(12) the date that the medication was started or</li> </ol>	A 035		

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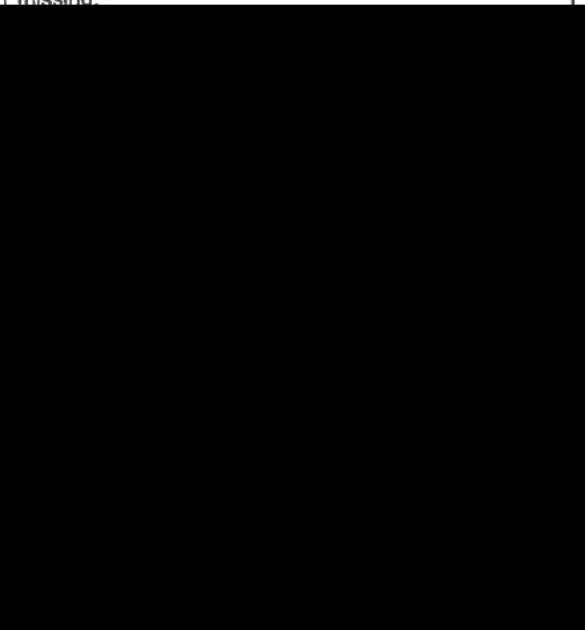
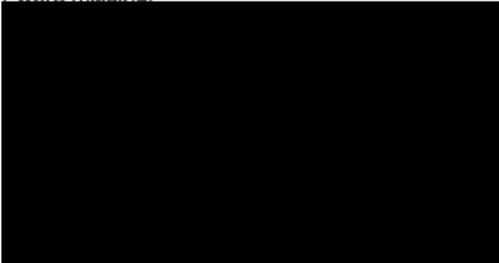
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A 035	<p>Continued From page 34</p> <p>discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the 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> <ol style="list-style-type: none"> <li>(1) the resident's name;</li> <li>(2) the name of the medication;</li> <li>(3) the date that the prescription was issued;</li> <li>(4) the prescribed dosage and the instructions for administration of the medication; and</li> <li>(5) the name and title of the prescriber.</li> </ol>	A 035		

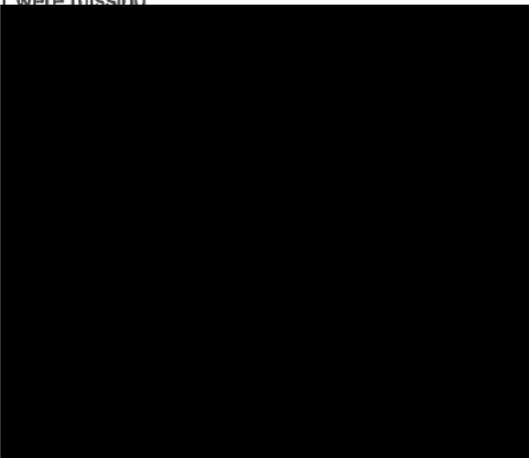
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NAME OF PROVIDER OR SUPPLIER  GARLAND HOME, LLC (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 MAPLEWOOD DRIVE NW ALBUQUERQUE, NM 87120	
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A 035	<p>Continued From page 35</p> <p>L. Any medication 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 G (4) (5)</p> <p>Based on record review and interview the facility failed to ensure for 3 (R #s 1-3 ) of 3 (R#s 1-3) residents whose Medication Administration Records (MARs) were reviewed for compliance included:</p> <ol style="list-style-type: none"> <li>Both the brand and generic names for all medications.</li> <li>The diagnosis/reason for the medications.</li> </ol> <p>This deficient practice could likely result in residents being at risk of harm, injury, death, if medication errors were to occur because the Direct Care Staff (DCS) who assist residents with the medications do not know:</p> <ol style="list-style-type: none"> <li>Both the brand/generic names of the medications.</li> <li>The diagnosis or reason for the medications.</li> </ol>	A 035	<p>In accordance w/ NMAC 7.8.2.35 2-2-20 G(4)(5) both brand name and generic name have been listed on resident's MARs; the reason for medication is also listed on MARs. Going forth, the Administrator will continue to list both names of medication on MARs for current and future residents.</p>

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A 035	Continued From page 36  The finding(s) are:  A. Record review of R #1's January, 2020 MAR revealed, that the medications listed below were missing:   B. Record review of R #2's January, 2020 MAR revealed, that all the medications listed below were missing: 	A 035		

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A 035	Continued From page 37 generic name:   C. Record review of R #3's January 2020 MAR revealed, that all the medications listed below were missing:   D. On 01/31/20 at 12:10 pm, during an interview with the Administrator, she confirmed that the medications listed above for R #1-3's January 2020 MARs were missing: 1. Either the brand or generic names of the medications. 2. The diagnosis/reason for the medications.	A 035		
A 037	7 NMAC 8.2.37 Laundry Services  LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall	A 037		

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A 037	<p>Continued From page 38</p> <p>be provided with necessary washing and drying equipment.</p> <p>(2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only.</p> <p>(3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease.</p> <p>(4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.</p> <p>(5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.</p> <p>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.</p> <p>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.</p> <p>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.</p> <p>(9) There shall be a clean, dry, well ventilated storage area provided for clean linen.</p> <p>(10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet.</p> <p>B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent</p>	A 037		

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A 037	<p>Continued From page 39</p> <p>living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10)</p> <p>Based on observation and interview the facility failed to ensure that laundry and cleaning supplies were kept in a secured room, closet, or cabinet. This deficient practice could likely result in all 5 (R #s 1-5) residents listed on the census received from the Director on 01/29/20 being at risk of harm or injury if residents were to ingest or spill laundry or cleaning supplies on their face or body.</p> <p>The finding(s) are:</p> <p>A. On 01/29/20 at 11:50 am, during observation, an unlocked hallway laundry closet revealed the following laundry liquids and cleaning supplies were accessible to residents:</p> <ol style="list-style-type: none"> <li>1. (1) bottle 67.6 oz liquid hand sanitizer</li> <li>2. (2) bottle 80 oz liquid hand soap</li> <li>3. (1) 50 oz liquid detergent</li> <li>4. (1) 60 oz liquid carpet cleaner</li> <li>5. (1) One (1) gallon liquid pipe shield</li> <li>6. (1) 22 oz liquid laundry spray</li> <li>7. (1) 50 oz liquid detergent soap</li> <li>8. (1) 16 oz liquid wood cleaner</li> <li>9. (1) 256 oz liquid laundry detergent</li> <li>10. (1) 59 oz liquid laundry detergent</li> <li>11. (1) 100.5 oz liquid laundry detergent</li> <li>12. (1) 10 oz liquid nail polish remover</li> </ol> <p>B. On 01/29/20 at 10:00 am, during an interview with the Direct Care Staff (DCS #2) and Director,</p>	A 037	<p>For NMAC 7.8.2.37 A (10):</p> <p>Administrator has installed a lock on laundry door, securing laundry liquids and cleaning supplies from residents. Staff shall have one key during day/night; management shall have spare set.</p>	2-2-20

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A 037	Continued From page 40  they confirmed that the above listed laundry and cleaning supplies were stored in the unlocked laundry closet and accessible to residents.	A 037		
A 065	7 NMAC 8.2.65 Fire Drills  FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: NMAC 7.8.2.65 A  Based on record review and interview, the facility failed to ensure that there was at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter for the	A 065	For NMAC 8.2.65 : A fire drill log book has been established for the facility. Fire drills for 2020 are being recorded for preceding months and readily available in office at facility. Management will be in charge of scheduling fire drills once a month, and during a different shift each month.	1-31-2020

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A 065	<p>Continued From page 41</p> <p>past two (2) years 2018 2019 and January 2020. This deficient practice could likely result in all 5 (R #1-5) residents listed on the census received from the Director on 01/29/20, being at risk of harm and/or death if staff are not prepared to carry out a safe evacuation of residents and the residents are not trained on how to evacuate the facility. The findings are:</p> <p>A. Record request of the facility's monthly fire drill forms revealed, there was no documentation showing that any fire drills had been conducted in 2018, 2019 and January 2020.</p> <p>B. On 01/30/20 at 3:20 pm, during an interview, the Director and Administrator confirmed that they had not conducted fire drills for a long time.</p>	A 065		