

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/31/2021
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 ALTA VISTA SANTA FE, NM 87505
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A 000	Initial Comments  The following deficiencies were cited during a Complaint survey completed on 08/31/21 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.  Complaint #NM51214 was unsubstantial with no deficiencies cited. Complaint #NM52199 was unsubstantial with no deficiencies cited. Complaint #NM53771 was unsubstantial with no deficiencies cited.	A 000	The following is the Brookdale Santa Fe Assited Living Plan of Correction to the Statement of Deficiencies dated August 31, 2021.  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 will all statutory and regulatory requirements. In this his document; we have outlined soecific action in reponse to Identified Issues.	
A 035	7 NMAC 8.2.35 Medication  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. 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. 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	A 035	7.8.2..35 Medication A.-F.) A review of all Medication Adminisatrion Records (MARs) will take place to ensure both the brand name and generic name of the medications are anotated on the MARs. Any corrections needed will be made during the audit as necesssary to ensure full compliance.  ED or designee will monitor for compliance by routinely checking the MARs to ensure they have both Generic and Brand Name Medications.	10/15/21 and ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Executive Director* (X6) DATE *9/21/21*

STATE FORM 6899 MP8011 If continuation sheet 1 of 8

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**SANTA FE, NM 87505**

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A 035	<p>Continued From page 1</p> <p>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 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> <p>(1) the resident's name;</p>	A 035		

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A 035	<p>Continued From page 2</p> <p>(2) any known allergies to medication that the resident has;</p> <p>(3) the name of the resident's PCP or the prescriber of the medication;</p> <p>(4) the diagnosis or reason for the medication;</p> <p>(5) the name of the medication, including the drug product brand name and the generic name;</p> <p>(6) notation if the medication is a schedule II-IV drug;</p> <p>(7) the dosage of the medication;</p> <p>(8) the strength of the medication;</p> <p>(9) the frequency or how often the medication is to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pills, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility</p>	A 035		

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A 035	<p>Continued From page 3</p> <p>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> <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 (5)</p>	A 035		

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A 035	<p>Continued From page 4</p> <p>Based on record review and interview the facility failed to ensure for 4 (R #s 1, 4 through 6) of 4 (R #s 1, 4 through 6) residents whose Medication Administration Records (MARs) were reviewed for compliance that they included both the brand and generic names for all medications. This deficient practice could likely result in the residents being at risk of harm, if the Direct Care Staff (DCS) who assist residents with the self-administration of medications do not know or recognize the generic/brand names of the medications and errors occur due to this vital information missing on the MARs. The findings are:</p> <p>A. Record review of R #1's 08/01/21 through 08/24/21 MAR revealed that it did not include both the brand/generic names for:</p> <div data-bbox="159 1092 747 1543" style="background-color: black; width: 100%; height: 100%;"></div> <p>B. Record review of R #4's 08/01/21 through 08/24/21 MAR revealed that it did not include both the brand/generic names for:</p> <div data-bbox="207 1633 641 1717" style="background-color: black; width: 100%; height: 100%;"></div> <p>C. Record review of R #5's 08/01/21 through</p>	A 035		

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A 035	<p>Continued From page 5</p> <p>08/24/21 MAR revealed that it did not include both the brand/generic names for;</p> <div style="background-color: black; width: 100%; height: 150px; margin: 5px 0;"></div> <p>D. Record review of R #6's 08/01/21 through 08/24/21 MAR revealed that it did not include both the brand/generic names for;</p> <div style="background-color: black; width: 100%; height: 150px; margin: 5px 0;"></div> <p>E. On 08/23/21 at 10:05 am, during an interview with the Administrator, she confirmed that the 08/01/21 through 08/24/21 MARs for R #s 1, 4</p>	A 035		

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A 035	Continued From page 6  through 6 did not include both the Brand/Generic names for the above listed medications.	A 035		
A 038	<p><b>7 NMAC 8.2.38 Housekeeping Services</b></p> <p><b>HOUSEKEEPING SERVICES.</b> The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC.</p> <p>[7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 A</p> <p>Based on observation and interview the facility failed to ensure that the resident bathrooms and bed sheets were clean and sanitary at all times.</p>	A 038	<p><b>7.8.2.38 Houskeeping Services</b></p> <p>A.1) Immediate action taken by the Maintenance Department to replace bathtub water valve stem to eliminate water dripping and ordered a new bathtub drain.</p> <p>Maintenance Department will schedule contractor to have shower/tub re-enameled and then attach the new drain drain that was ordered.</p> <p>A. 2 , A,3) Housekeeping will utilize cleaning checklist for each apartment which includes checking off the bathroom floor areas and they will leave "Cleaned by/Comments Cards" after they clean. When making the beds, housekeeping shall look for cleanliness of sheets and report any large stains or noticable "Accidents" to the Care Department and change the sheets accordingly during thier cleaning regimen. ED or designee will monitor for compliance by routinely checking on rooms for cleanliness.</p>	<p>Completed during onsite survey</p> <p>10/15/21</p> <p>Corrected during time of on-site survey</p>

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A 038	<p>Continued From page 7</p> <p>This deficient practice has the potential for all 40 (R #s 1 through 40) residents in the Assisted Living Unit identified on the census provided by the Administrator on 08/23/21, to be at risk of disease, infection, or illness, if the residents are exposed to unsanitary conditions.</p> <p>The findings are:</p> <p>A. On 08/23/21 at 1:05 pm, during observation of R #1's bathroom the following was observed:</p> <ol style="list-style-type: none"> <li>1. There was a visible rust stain on the drain in the bathtub/shower.</li> <li>2. The bathroom tile floor was noticeably dirty.</li> <li>3. The resident's bottom bed sheet did have a significant yellow stain.</li> </ol> <p>B. On 08/23/21 at 1:15 pm, during an interview with the Administrator, he confirmed that that the this resident's bathtub had a rust stain, the bathroom floor was dirty, and that the resident's bed sheet was stained.</p>	A 038		
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