Division of Health Improvement

STATEMENT OF DEFICIENC ES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENT FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5796	A. BU LDING: _____ B. WING _____	R-C 11/08/2022

NAME OF PROV DER OR SUPPLIER	STREET ADDRESS, CITY, STATE, Z P CODE
KINGSTON RESIDENCE OF SANTA FE	2400 LEGACY COURT SANTA FE, NM 87507

(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FYING INFORMATION)	D 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 a Revisit/Follow-up survey completed on 11/08/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults: DEFINITIONS: AREDS: Age Related Eye Disease Study DCS: Direct Care Staff EMS: Emergency Medical Services ER: Extended Release g: gram IR: Incident Report(s) LA: Licensing Authority LPN: Licensed Practical Nurse MAR: Medication Administration Record mcg: microgram(s) mg: milligram(s) n/v: Nausea or vomiting PRN: Pro re nata (as needed) PO: By mouth R: Resident RN: Registered Nurse Q6: Every 6 hours Q12: Every 12 hours	{A 000}	This plan of correction is prepared and executed because it is required for the provision of the state and federal regulations and not because Kingston Residence of Santa Fe agrees with the citations listed on this statement of deficiencies. Kingston Residence of Santa Fe maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. By submitting this plan of correction, Kingston Residence of Santa Fe does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standards of care, contract, obligation or positions and Kingston Residence of Santa Fe reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or preceding. DCS #3, #10, #11, and #13 Employee Abuse Registry inquiries completed.	12/21/22
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening	A 016	Kingston Residence of Santa Fe, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.	11/22/22

Division of Heal h Improvement

LABORATORY DIRECTOR'S OR PROV DER/SUPPL ER REPRESENTATIVE'S SIGNATURE: *Cheryl Choman* TITLE: *Executive Director* (X6) DATE: *12/1/22*

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A 016	Continued From page 1 Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation	A 016	Employee files will be audited for completed Employee Abuse Registry (EAR). Any missing Employee Abuse Registry inquiries will be submitted to the registry. EAR requirement is on KRSF's new hire checklist. Administrator/Designee will audit EAR completion prior to new hire orientation for the next 2 months. Administrator/Designee will sign-off on new hire checklist.	1/3/22 1/3/22

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A 016	Continued From page 2 safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.16. B (3) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services	A 016		

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A 016	Continued From page 3 from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access , maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing	A 016		

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A 016	Continued From page 4 direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006] Based on record review and interview, the facility failed to ensure that the DCS had been cleared by the EAR prior to hire. This deficient practice could likely negatively affect the safety and welfare of the 68 (R #s 1-68) residents identified on the census provided by the Administrator on 11/01/22, if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are: A. Record review of DCS #3's employee file (hire date 12/14/05), revealed that the EAR clearance was not completed prior to hire date. B. Record review of DCS #10's employee file	A 016		

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A 016	Continued From page 5 (hire date 07/15/14), revealed that the EAR clearance was never completed for this facility. C. Record review of DCS #11's employee file (hire date 07/15/14), revealed that the EAR clearance was never completed. D. Record review of DCS #13's employee file (hire date 08/05/22) revealed that the EAR clearance was never completed. E. On 11/09/22 at 3:00 pm, during an interview with the Administrator, she confirmed that the EAR clearances for DCS #s 3, 10, 11, and 13 were either never completed or not completed prior to their date of hire.	A 016		
{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	{A 032}	The Quality Assurance Nurse/ Designee will re-educate the facility staff on what a reportable incident is and the reporting procedure and timeline to ensure Incident Reporting compliance. A monthly audit will be done by the DON/ Designee to ensure reportable incidents have been reported timely. Will do this audit for 60 days.	1/3/23

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{A 032}	Continued From page 6 was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (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 (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: . REPORTING OF INCIDENTS 7.8.2.32 A(1-2) B (1- 3) This is a repeat deficiency from survey dated 02/01/22 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W, 8 B. (2), 10 C. 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.	{A 032}		

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{A 032}	Continued From page 7 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 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. C. All licensed health care facilities shall conduct a complete investigation and report the actions taken and conclusions reached by the facility within five (5) days of discovery of the incident. [7.1.13.10 NMAC - Rp, 7.1.13.11 NMAC, 7/1/14] Based on record review and interview, the facility failed to ensure for 6 (R #14, 16 - 20) of 12 (R # 14 - 25) residents whose Internal Incident Reports (IRs) were reviewed for compliance, that: 1. They were reported to the Licensing Authority within 24 hours or the next business day if it is a weekend or a holiday. 2. The facility conducted and documented the investigation of all reportable incidents and submitted a copy of the investigation report to the Licensing Authority within five (5) business days from the date the incident occurred.	{A 032}		

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{A 032}	Continued From page 8 These deficient practices could potentially result in the residents, to be at risk of harm, injury, and/or death, if the facility failed to report any "Reportable incidents" and there was no oversight by the Licensing Authority. The findings are: Findings related to R #14 A. Record review of R #14's Internal IR dated 08/14/22 at 8:15 pm, revealed: 1. An unwitnessed fall occurred in the resident's room and [redacted] was able to scoot to the bathroom to pull call cord. 2. Resident was found on the floor in [redacted] bathroom at 7:45 pm, in response to [redacted] call. 3. Dried blood found on resident's bedroom floor, near door. 4. Resident had a laceration on the back of [redacted] head, with a small, raised area, left of center. 5. [Name of home health care agency]was contacted with a full reporting of the incident. 6. DON will contact family in the morning. 7. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. B. Record review of R #14 Progress Notes dated 08/14/22 at 8:54 pm, revealed: 1. Resident reports that [redacted] room and not sure what time. 2. Blood was dry, 1 - 2 hours old. 3. Resident managed to get to bathroom and pulled the cord at 7:45 pm. 4. DCS #14 examined cut with a small raised bump. 5. DCS #14 notified [Name of home health care	{A 032}		

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{A 032}	Continued From page 9 agency] with full report. 6. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. Findings related to R #16 C. Record review of R #16's Internal IR dated 09/03/22 at 5:08 am, revealed: 1. An unwitnessed fall occurred in resident's room. 2. An [redacted] and no indication of treatment was revealed in the IR. 3. ER transport was offered to R #16, but [redacted] declined. 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. Findings related to R #17 D. Record review of R #17's Internal IR dated 09/19/22 at 6:24 am, revealed: 1. An unwitnessed fall occurred in [redacted] room. 2. [redacted] was found at 5:30 am, on [redacted] 3. There was swelling to [redacted] 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or	{A 032}		

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{A 032}	Continued From page 10 submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. E. Record review of R #17's Internal IR dated 10/17/22 at 6:37 am, revealed: 1. An unwitnessed fall occurred in her room and she was discovered during 6:00 am rounds. 2. There were [redacted] that were intact, but resident bled on the carpet. 3. Resident stated [redacted] 4. DCS #14 stated that R #17 probably [redacted] 5. Hospice was notified. 6. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. F. Record review of R #17's Progress Notes for October, 2022, reveal: 1. On 10/17/22 progress note, DCS #14 stated that resident was found on floor next to bed and [redacted] 2. On 10/17/22 progress note, DCS #14 stated she left a message with personal Home Health Aide Facility. 3. On 10/18/22 progress note, DCS #14 hasn't heard back from personal Home Health Aide Facility and she needs a written order for certain medications and more wound care medication. 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of	{A 032}		

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{A 032}	Continued From page 11 the incident. Findings related to R #18 G. Record review of R #18's Internal IR dated 10/03/22 at 8:30 pm, revealed: 1. An unwitnessed fall occurred in [redacted] 2. DCS #1 noticed: a. Development of a [redacted] b. Slight slurring and body language was tensed, distressed pacing. 3. DCS #1 called EMS who took resident to the hospital. 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. Findings related to R #19 H. Record review of R #19's Internal IR dated 10/11/22 at 12:31 pm, revealed: 1. Unwitnessed [redacted] 2. DCS #15 noticed resident had a [redacted] 3. DCS #15 noted: a. Occasional moan or groan and low level of speech with a negative quality. b. Tensed, distressed pacing. 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident.	{A 032}		

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{A 032}	Continued From page 12 I. Record review of R #19's Progress Notes dated 10/11/22, revealed: 1. DCS #15 noted the resident has a [redacted] 2. Resident was cleaned and [redacted] applied. 3. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. Findings related to R #20 J. Record review of R #20's Internal IR dated 10/11/22 at 1:37 pm, revealed: 1. Unwitnessed injury occurred. 2. Resident has a [redacted] a. Occasional moan or grown, low level of speech with a negative quality. b. Tensed, distressed pacing. 3. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. . K. Record review of R #20's progress notes dated 10/11/22, revealed: 1. Resident has a [redacted] 2. Blood on her brief which may be from scratching [redacted] 3. Resident cleaned [redacted] applied.	{A 032}		

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	5796	A. BU LDING: _____ B. WING _____	R-C 11/08/2022

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{A 032}	Continued From page 13 4. There was no evidence that the incident was reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend or conducted an internal investigation or submitted a follow up report to the Licensing Authority within 5 business day from the date of the incident. L. On 10/31/22 at 9:50 am, a document request for IR's reported to the Licensing Authority as well as the respective 5-day follow up reports from 08/01/22 to 10/31/22 were requested from the Administrator for all residents listed above. M. The Administrator was unable to provide IR's reported to the Licensing Authority as well as the respective 5-day follow up reports from 08/01/22 to 10/31/22 for all residents listed above. N. On 11/08/22 at 3:00 pm, during an interview at the exit conference, the Administrator confirmed that the facility did not submit IR's or 5-day follow up reports for incidents listed above to the Licensing Authority.	{A 032}		
{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	{A 035}	Residents records identified as #1, #3, #5, #6, #7, #8, #9, #10, and #11 on the statement of deficiencies updated going forward to reflect both generic/brand name and/or dosage. Any resident receiving medications will have an eMAR documenting medication administration. Remaining resident records will be audited for generic/brand name, dosage, and presence of an eMAR by consultant pharmacist/designee	1/3/22 1/3/22

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{A 035}	Continued From page 14 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 approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (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. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. 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. 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.	{A 035}	Nurses will be re-educated on information that is required to be in the eMAR which includes brand/generic name, dosage of medication and the need for eMAR for medication administration. The information in the eMAR will include the name of the medication, including the drug product brand name and the generic name and the dosage of the medication. The DON/Designee will conduct monthly audits to ensure eMAR compliance with brand/generic names, dosage and eMAR are in place. Audits will be conducted for 2 months.	1/3/22 1/3/22

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{A 035}	Continued From page 15 F. Medications prescribed for one resident shall not be used for another resident. 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: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered;	{A 035}		

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{A 035}	Continued From page 16 (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. 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. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. 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. 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.	{A 035}		

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{A 035}	Continued From page 17 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] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 02/01/22. 7.8.2.35 G (4) (5) Based on record review and interview, the facility failed to ensure for 9 (R #3-11) of 11(R #s 1-11) residents whose Medication Administration Records (MARs) were reviewed for compliance that: 1. A MAR is utilized to track medications, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to resident by licensed or certified staff. 2. Medications listed on the MAR included: a. Diagnosis or reason for the medication. b. Both brand/generic names. This deficient practice could likely result in the residents being at risk of harm if DCS do not: 1. Track medications provided to residents on the MAR. 2. Recognize the name of the medication. 3. Know the dosage of the medication. which may result in medication errors occurring due to vital information missing on the MAR.	{A 035}		

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{A 035}	Continued From page 18 Findings related to R #1's MAR: A. Record review of R #1's physician's orders dated [redacted] 22, revealed the following medications were ordered: [redacted] B. Record request for R #1's 08/01/22 through 10/31/22 MAR revealed, no documentation that a MAR had been created and/or was available for review by the Licensing Authority. C. On 11/10/22 at 10:41 am, during an interview with the Administrator, she confirmed that there was no MARs that included the physician ordered PRN medications listed above available for R #1. Findings for Brand and Generic Names: D. Record review of R #3's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications: [redacted] E. Record review of R#4's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications: [redacted]	{A 035}		

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{A 035}	Continued From page 19	{A 035}		

[redacted]

F. Record review of R #5's MARs from 08/01/22 through 10/31/22, revealed that they did not include both brand and generic names for the following medications:

[redacted]

G. Record review of R #5's MAR from 09/01/22 through 09/30/22, revealed that it did not include both brand and generic names for [redacted]

H. Record review of R #6's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications:

[redacted]

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{A 035}	Continued From page 20 [redacted] I. Record review of R #7's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications: [redacted] J. Record review of R #8's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for [redacted] K. Record review of R#9's MAR from 08/01/22 through 08/31/22, revealed that it did not include both brand and generic names for [redacted] L. Record review of R #9's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications: [redacted]	{A 035}		

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{A 035}	Continued From page 21 M. Record review of R #9's MAR from 09/01/22 through 10/31/22, revealed that it did not include both brand and generic names for [redacted] N. Record review of R #10's MAR from 08/01/22 through 10/31/22, revealed that it did not include both brand and generic names for the following medications: [redacted] O. Record review of R #11's MARs from 08/01/22 through 10/31/2, revealed that they did not include both brand and generic names for the following medications: [redacted] P. On 11/10/22 at 10:41 am, during an interview with the Administrator, she confirmed that MARs for the above-listed dates did not include both brand and generic names for the medications listed above. Findings for Dosage: Q. Record review of R #5's MAR from 08/01/22 through 10/31/22, revealed that it did not include the dosage for the following medications: [redacted] R. Record review of R #8's MAR from 08/01/22	{A 035}		

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{A 035}	Continued From page 22 through 10/31/22, revealed that it did not include dosage for PreserVision AREDS. S. Record review of R #9's MAR from 08/01/22 through 10/31/22, revealed that it did not include dosage for PRN: [redacted] T. On 11/10/22 at 10:41 am, during an interview with the Administrator, she confirmed that the MARs for the above listed dates did not include dosages for the medications listed above.	{A 035}		