

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5634</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4708 DRIFTWOOD NW ALBUQUERQUE, NM 87114</b>
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A22 7 NMAC 8.2.22 Resident Records

**7.8.2.22 RESIDENT RECORDS:**  
**A. RESIDENT RECORDS, CONTENTS:** A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include:  
 (1) Admission records as set out in Section 7.8.2.21 NMAC:  
 (2) Within five (5) days of admission:  
 (a) An executed admission agreement.  
 (b) A completed resident assessment form.  
 (c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical.  
 (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers.  
 (3) Within thirty (30) days of admission:  
 (a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission.  
 (b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and

A22

*ES Scanned 09-01-09*

*Service plans in violation of code will be updated and completed by MUM registered nurse.  
 Corrected plans will be faxed to NM DTH within 30 days of the inspection date of August 6, 2009.  
 R.N. will check and complete all care plans in full to ensure quality of continued care.  
 Manager will check care plans to ensure correct completion ongoing.*

*Sept 6, 2009*

Division of Health Improvement

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

STATE FORM

TITLE

(X6) DATE

*Shirley A. Hulick*      *Owner-Administrator*      *08-12-09*



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A22	Continued From page 1 diet required. (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan. (f) Entries by direct care staff, appropriate health care professionals, or 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 individual service plan. (g) Entries providing 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 record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility. (h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications. (i) Date, time and progress note of health services provided by any contract agency. (j) Unless included in the admission	A22			

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A22	<p>Continued From page 2</p> <p>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.</p> <p>(k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility.</p> <p>(l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care facility, upon death or transfer.</p> <p><b>B. RESIDENT RECORDS, MAINTENANCE:</b></p> <p>(1) Resident records shall be maintained and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records.</p> <p>(3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge.</p> <p>(4) There must be a policy and procedure in place for record retention in the event of facility closure.</p> <p>[7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.22 A. (3) (e)</p> <p>Based on record review and interview the facility failed to have individual service plan completed for 1 of 4 residents (R#4). The findings are:</p>	A22			

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A22	Continued From page 3 A. Record review on 08/04/09 revealed an individual service plan for R#4 was not completed for the dates of 12/14/08 and 06/13/09. B. In the interview with the house manager on 08/04/09 at 11:45 am, she acknowledged the individual service plan was not completed for R#4 for the dates of 12/14/08 and 06/13/09 .	A22		
A27	7 NMAC 8.2.27 Individual Services Plan  7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced	A27		

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A27	Continued From page 4 by: Refer to 7.8.2 NMAC 27 A.  Based on record review and interview the facility failed to have individual service plan completed for 1 of 4 residents (R#4). The findings are:  A. Record review on 08/04/09 revealed an individual service plan for R#4 was not completed every six months for the dates of 12/14/08 and 06/13/09.  B. In the interview with the house manager on 08/04/09 at 11:45 am, she acknowledged the individual service plan was not completed every six months for R#4 for the dates of 12/14/08 and 06/13/09 .	A27	<i>Service plans will be completed, dated, and signed by R.N. every six months.</i>  <i>Service plans of 12/14/08 &amp; 06/13/09 will be updated and copies faxed to NMHD.</i>	10-06-09
A48	7 NMAC 8.2.48 Lighting & Lighting Fixtures  7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting. C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways	A48	<i>Manager will keep a record of when care plans are due to be updated and keep R.N. informed, thus ensuring continued quality of care for every resident.</i>	

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A48	Continued From page 5  which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]  This REQUIREMENT is not met as evidenced by: 7.8.2.48E.  Based on observation and interview, the facility failed to provide emergency lighting which automatically activates upon disruption of electrical service to light exit passageways. The findings are:  A. Observation and testing of the facility's emergency lighting fixtures on 08/04/09 at 10:30 a.m. revealed that fixtures labeled #1, and #2, were not functioning properly.  B. During an interview with the house manager on 08/04/09 at 11:00 a.m., she acknowledged that emergency lighting fixtures #1, and #2, were not functioning properly.	A48	<i>Alarm Research has been notified of emergency light malfunctions and has checked on the problem and has ordered new lighting fixtures. They are to be installed on 09-14-09. A receipt and work order will be faxed to NMDH by 10-06-09. Alarm system will be tested monthly and problems with the system will be corrected promptly to ensure the welfare of MV Residents and staff.</i>	10-06-09