

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2004
NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87505		
(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
A17	<p>7 NMAC 8.2.17 PERSONNEL</p> <p>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:</p> <p>A. Qualifications for all professional and non-professional disciplines.</p> <p>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.</p> <p>C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.</p> <p>D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions.</p> <p>[4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: REFER TO DEFICIENCY 7.8.2.17</p> <p>BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO HAVE ON FILE DOCUMENTATION OF THE QUALIFICATIONS NECESSARY FOR AN EMPLOYEE TO WORK IN AN ADULT RESIDENTIAL CARE FACILITY FOR 1 OF 6</p>	A17	<p>A17</p> <p>A. & B. Employee #1's Medication Certificate has been included into the employee file (see attached certificate for Employee # 1.) Kingston Residence of Santa Fe routinely audits employee files for the required elements as listed in NMAC 7.8.2.17 C and D. Employee file audits were conducted by the human resource manager in August and October of 2004 and will continue randomly. The tool has been modified to include the "license or certification" column. (See attached audit tool). An audit conducted on February 4, 2005 reveals all employees providing assistance with medications have the appropriate current certificate or license included in their employee file.</p> <p>The Executive Director will review the audits as to ensure appropriate documents are included in the employee files.</p> <p>The attached personnel file review audit shows Employee #1 had the appropriate training as required by NMAC.8.2.17 Personnel.</p> <p><i>The above text should have been printed on p. 3 of 25</i></p>	02/11/05



Division of Health Improvement

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

STATE FORM

6899

CIPP11

If continuation sheet 1 of 25

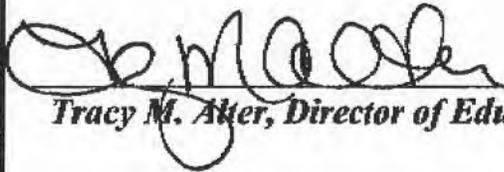
This certificate verifies that

[Redacted Name]

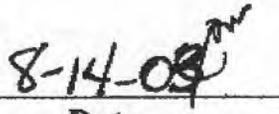
of

Kingston Residence of Santa Fe

has attended a video training course entitled
"Assisting with Medications...The Right Way"
and has successfully completed
the companion post test



Tracy M. Alter, Director of Education



Date

*New Mexico Health Care Association
4411 McLeod NE, Suite G, Albuquerque, NM 87109
(505) 880-1088*

Employee #1

Certificate is valid only for the facility where the training/examination occurred and the individual is employed. The certificate is non-transferable.

Kingston Residence of Santa Fe

31-Aug-04

Personnel File Review

Name	Date of Hire	Title	Drug Test Result	Most Recent Date TB Test	Date Criminal Backg	Date Hbk Rct	Training	Training	Training
Employee #1	2/17/2003	N.A.	NA	4/7/2003	4/7/2003	2/17/2003	Med Emergency Grooming Mouth Care Commun Az Drinking Vital Signs 2	Resident Rights Dressing Fire Ext Training Wandering Toileting Agitation Vital Signs 1	Intro Alzh Eating Bathing Resisting Care Transferring

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A17	Continued From page 1 EMPLOYEES (#1). THE FINDINGS ARE: A. ON 12/21/04 AT 8:00 AM, DURING RECORD REVIEW EMPLOYEE # 1 HAD NO DOCUMENTATION IN HER FILE FOR CERTIFIED NURSE'S ASSISTANT, (CNA), OR A CERTIFIED MEDICATION ASSISTANT, (CMA). B. ON 12/21/04 AT 8:30 AM, DURING INTERVIEW THE ADMINISTRATOR STATED THAT EMPLOYEE #1 HAD BEEN FUNCTIONING AS A CMA FOR "ABOUT 6 WEEKS NOW."	A17		
A19	7 NMAC 8.2.19 ADMISSIONS 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal	A19		

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A19	Continued From page 2 rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others. (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: 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 to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as	A19	Enclosed is the plan of correction for the survey completed at Kingston Residence of Santa Fe on 12/21/2004. Submission of this response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the executive director or any employees, agents or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. <i>The above text should have been printed on p. 1 of 25</i>	

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A19	Continued From page 3 the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced	A19	A19 Kingston Residence of Santa F's policies and procedures uphold 7 NMAC 8.2.19- Admissions as stated. <i>Kingston Residence respectfully requests this deficiency to be removed from the survey.</i> The regulation does not require the discharging facility to provide a discharge plan to the hospital for post hospitalization placement of a resident. A. 1 Resident #C3 was admitted to Kingston Residence of Santa Fe on 9/10/03 from a local facility that was closing its' doors. Admission notes from Kingston describe Resident #C3 as anxious, talkative and unsure about staying in the new surrounding. The Resident was unwilling to cooperate with a physical exam. The admitting diagnosis included Bipolar Depression, Glaucoma and Constipation. Hx of hip fracture and DVD. A review of Kingston's monthly summary for November 2003 indicates the resident is a one person transfer; mobile per wheel chair, able to feed self; confused and cooperative with periods of agitation. Kingston admitted a client whose needs were met.		

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A19	Continued From page 4 by: REFER TO DEFICIENCY 7.8.2.19 BASED ON RECORD REVIEW AND STAFF INTERVIEWS, THE FACILITY ADMITTED 1 OF 7 SAMPLED RESIDENTS (#C3) FOR WHOM THE FACILITY COULD NOT MEET THE CARE NEEDS OF THE RESIDENT. THE FACILITY FAILED TO PROVIDE A DISCHARGE PLAN FOR THE RESIDENT FOLLOWING HER TRANSPORTATION TO THE HOSPITAL. THE FINDINGS ARE: A. ON 12/21/04 AT 8:30 AM, REVIEW OF THE MEDICAL RECORD FOR RESIDENT #C3 REVEALED THAT HER PRIOR STAY AT (NAME OF ANOTHER FACILITY) SUMMARIZED HER MEDICAL CONDITION (MONTHLY SUMMARY NOT DATED) AS FOLLOWS: 1. "RESIDENT COULD NOT BALANCE WHILE STANDING, HER RANGE OF MOTION WAS LIMITED ON BOTH SIDES, SHE WAS BOWEL AND BLADDER INCONTINENT, DELUSIONAL, HER COGNITIVE, ADL, MOOD OR BEHAVIOR PATTERNS WERE UNSTABLE, THE RESIDENT WAS FREQUENTLY AGITATED AND COMBATIVE AND REDIRECTION BY STAFF WAS UNSUCCESSFUL, SHE WANDERED OCCASIONALLY INTO OTHER RESIDENTS' ROOMS AND FREQUENTLY RESISTED CARE AND TOILETING." REVIEW OF "OTHER SERVICE CONSIDERATIONS" REVEALED, "RESIDENT WOULD BENEFIT FROM A NURSING HOME, NO LONGER APPROPRIATE FOR ASSISTED LIVING." THE RESIDENT WAS TRANSFERRED TO THIS FACILITY ON 9/10/04. 2. REVIEW OF THE 6/27/03 MINIMUM DATA SET (MDS) ASSESSMENT SHOWED THE	A19	A.4 A Review of nurses notes 5/26/04 note the Resident was transferred to the hospital following a period of unresponsiveness. On 5/28/04 the resident returned to the facility. Admission orders noted a diagnosis of altered level of consciousness. 6/6/04 nurse's notes reveal the resident opens doors of other resident's rooms and door to stairwell. In July 2004, the nurse's notes depict this resident requiring redirection after entering others rooms on the unit and searching drawers and knocking over other residents' belongings. An assessment was performed on 8/4/04 for the purpose of updating the service plan. As a result of the assessment, Kingston's nursing staff determined that the resident's needs were surpassing the scope of care provided at Kingston Residence. Discharge planning was initiated. B.2. Kingston arranged for a meeting which was held on 9-8-04 with Resident #C3, and #C3's spouse, facility director, the regional manager, staff nurse the Regional Ombudsman and her supervisor, State of New Mexico's Director of the Ombudsman's office. At the conclusion of the meeting the resident's spouse would need to locate discharge plan was made that the alternate placement. (See attached memo Resident #C3 Discharge Meeting)	

Discharge Meeting Notes

MEMO

DATE: 9/8/2004
TO: [REDACTED] FILE
FROM: BECKY [REDACTED]
RE: [REDACTED] DISCHARGE MEETING

At 9:30 a.m. a meeting was held with [REDACTED] Spouse Res # C3, [REDACTED] Res # C3, Judy [REDACTED] LPN, Sharon [REDACTED], Executive Director of Kingston Residence of Santa Fe, Faith [REDACTED], Ombudsman, Donna [REDACTED] Ombudsman and Becky [REDACTED] Regional Manager Kingston HealthCare Company. The purpose of the meeting was to review the assessment of [REDACTED] Res # C3 conducted in August, which indicated two areas of concern, transferring per two assist and poor safety awareness and judgment.

[REDACTED] Spouse requested to tape record the meeting for the purpose of producing a written transcript. Becky [REDACTED] requested to tape record the meeting also so each of the participants have a copy. The assessment was reviewed in great detail. An opportunity for all participants to seek clarification was provided.

At the conclusion it was determined that [REDACTED] Res # C3 has surpassed the scope of care provided at Kingston Residence of Santa Fe due to: 1.) Requires assistance of two persons for transfers and; 2.) Possess little or no safety awareness. Ms. Kettrich requested Judy [REDACTED] LPN to transfer [REDACTED] Res # C3 from her wheelchair to a straight chair. Judy [REDACTED] attempted twice and each time [REDACTED] Res # C3 did not bear her weight and pulled her feet from the floor.

Ombudsman Director
Ms. [REDACTED] made the following recommendations: 1.) [REDACTED] Res # C3 will contact the primary physician and the psychiatrist to convey the most recent assessment information and seek consultation and medical intervention that may be deemed appropriate. 2.) Local long-term care facilities, Casa Real and Sombrillo, will be contacted and requested to assess [REDACTED] Res # C3 per the recommendation of Ms. [REDACTED] Ombudsman and Ms. [REDACTED] Ombudsman as these both have memory care areas as well; 3.) A discharge letter will be sent to [REDACTED] Spouse and a copy to [REDACTED] Ombudsman, with the understanding that [REDACTED] will likely remain at Kingston Residence of Santa Fe until an opening is available.

[REDACTED] Res # C3 Ombudsman and Ms. [REDACTED] Ombudsman advised [REDACTED] Spouse to proceed and place [REDACTED] Res # C3 on a waiting list as soon as possible. The meeting concluded at 11:15 a.m.

9/8/2004

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A19	Continued From page 5 RESIDENT'S COGNITIVE AND DAILY DECISION MAKING SKILLS WERE SEVERELY IMPAIRED, SHE WAS EASILY DISTRACTED, EXPERIENCED PERIODS OF ALTERED PERCEPTION AND HER MENTAL FUNCTION VARIED OVER THE COURSE OF THE DAY. SHE HAD ONE OR MORE INDICATORS OF DEPRESSION AND WAS A ONE PERSON PHYSICAL ASSIST IN ADLS. SHE WAS ALSO INCONTINENT OF BLADDER AND BOWEL. 3. THE 7/2/03 RESIDENT ASSESSMENT PROTOCOL (RAP) REVEALED THE RESIDENT WAS CURRENTLY ON A BEHAVIORAL MANAGEMENT PROGRAM AND WAS VERBALLY/PHYSICALLY ABUSIVE AND A DANGER TO OTHERS. HER BEHAVIOR LED TO RESISTANCE IN CARE OR DIFFICULTY COPING WITH OTHERS. 4. REVIEW OF THE 5/24/03 NURSES' NOTES REVEALED THE RESIDENT MADE HOSTILE COMMENTS TO OTHERS, SUCH AS, "WHY DON'T YOU ALL GO TO HELL." 5. REVIEW OF THE 5/28/04 RESIDENT FACILITY ADMISSION ORDERS NOTED A DIAGNOSIS OF ALTERED LEVEL OF CONSCIOUSNESS. B. ON 12/21/04 AT 11:00 AM, REVIEW OF THE MEDICAL CHART FOR RESIDENT #C3 REVEALED THE FOLLOWING: 1. THE 8/04/04 SERVICE ASSESSMENT INDICATED THE RESIDENT HAD NO SAFETY AWARENESS, WAS AT RISK FOR FALLS, WAS ARGUMENTATIVE, DID NOT PARTICIPATE IN THE SHOWER PROCESS, MUST BE DRESSED AND UNDERESSED, REQUIRED TOTAL ASSIST WITH ADLS, WAS UNABLE TO SIT ON THE TOILET DUE TO RANDOM, EXCESSIVE MOTIONS AND WAS UNABLE TO LOCATE HER ROOM. REVIEW	A19	The formal discharge letter was sent following the meeting. The letter complied with the NMAC and provided the spouse fifteen days notice. Kingston, however, being sensitive to the health needs of the spouse and the time necessary to locate appropriate placement also agreed to "work with you to arrange alternative placement" both verbally and in the discharge letter. (See Attached letter dated September 8, 2004) Kingston Residence of Santa Fe assisted the spouse by requesting skilled nursing facilities (SNF's) of choice to assess the resident for possible admission. On September 28, 2004 Kingston Residence received notification from a local SNF of choice that resident #C3 had been accepted and admission was planned for October 1, 2004. On the morning of October 1, 2004, the <u>Regional Ombudsman terminated the discharge plan to the SNF</u> and asked for the resident to be on waiting list for their secured unit. (Note this resident is not an elopement risk.)	

Discharge Letter

September 8, 2004

~~Mr. Louis B. [redacted]~~ Spouse
~~4056 [redacted] [redacted]~~
Santa Fe, New Mexico 87505

Dear ~~[redacted]~~ Spouse

I would like to thank you for you participating in our meeting today. I realize it was difficult to hear the results of the Service Assessment, which in turn, necessitates the termination of the lease agreement with Kingston Residence of Santa Fe.

There are only a few specific reasons that Kingston Residence may recommend discharge of a resident. These reasons were included on the lease at the time of admission. ~~[redacted]~~ Res # C3
discharge recommendation is upheld by the lease which states: "The Resident ...requires care or services that Kingston is not approved to provide or requires facilities or staff that are not available at Kingston." The assessment showed us that ~~[redacted]~~ Res # C3 requires two persons to transfer, and has diminished safety awareness.

This letter complies formally with the terms of the lease, which stipulates Kingston Residence's requirement to provide you a 15-day notice. As we discussed we will work with you if you need more than 15 days to arrange for alternative placement. I have left messages with the physician's offices regarding the need for a current evaluation. I will provide you the appointment information once established. I have also talked with the admissions persons at ~~[redacted]~~ and ~~[redacted]~~ and will fax them information for their assessments.

Sincerely,

*Facility
Manager*

~~[redacted]~~
Executive Director

~~[redacted]~~
Regional Manager

cc: Ms. ~~[redacted]~~
Om Budsman

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A19	Continued From page 6 OF "OTHER SERVICE CONSIDERATIONS" RECOMMENDED THAT DISCHARGE TO AN INTERMEDIATE LEVEL OF CARE WAS IN ORDER BECAUSE CARE SURPASSING THE SCOPE OF THAT PROVIDED BY THE FACILITY WAS REQUIRED. 2. ON 9/8/04, IN RESPONSE TO THE 8/4/04 SERVICE ASSESSMENT A TERMINATION OF LEASE AGREEMENT WAS WRITTEN AND ADDRESSED TO THE RESIDENT'S HUSBAND. THE LETTER READ: "THE RESIDENT REQUIRES CARE OF SERVICES THAT (NAME OF FACILITY) IS NOT APPROVED TO PROVIDE." THE ASSESSMENT SHOWED THE RESIDENT REQUIRED TWO PERSONS TO TRANSFER AND HAD DIMINISHED SAFETY AWARENESS. THE LETTER WAS A 15-DAY NOTICE TO DISCHARGE THE RESIDENT. THE EXECUTIVE DIRECTOR AND REGIONAL MANAGER SIGNED IT. THE LETTER REVEALED, "WE WILL WORK WITH YOU TO ARRANGE ALTERNATIVE PLACEMENT." 3. A 9/8/04 LETTER ADDRESSED TO THE RESIDENT'S FILE STATED THAT A MEETING HAD TAKEN PLACE WITH VARIOUS FACILITY STAFF, WITH THE OMBUDSMAN AND THE RESIDENT. IT WAS DETERMINED THAT THE RESIDENT HAD SURPASSED THE SCOPE OF CARE PROVIDED AT THE FACILITY. THE LETTER REVEALED, "WITH THE UNDERSTANDING THAT THE RESIDENT WILL LIKELY REMAIN AT (NAME OF FACILITY) UNTIL AN OPENING IS AVAILABLE" AT A LONG TERM CARE FACILITY. 4. THE MONTHLY PERIODIC SUMMARY DATED 9/28/04 REVEALED THAT THE RESIDENT NEEDED CONSTANT SUPERVISION TO ALLEVIATE BEHAVIORAL PROBLEMS AND THAT SHE WAS FREQUENTLY AGITATED AND CONFUSED,	A19	On October 13, Kingston sent to the Regional Ombudsman requesting assistance to relocate resident #C3. (See attached letter dated October 13, 2004. On October 18, 2004 Resident C#3 knocked a resident over while propelling self randomly in hall. To provide for this resident's safety and the safety of all residents on the unit, Kingston Residence of Santa Fe elected to provide Resident C#3 with one to one care <i>at no expense to the resident or resident's spouse.</i> On November 15, 2004, in a follow up conversation with another facility's admission director to whom a referral was made, the admission director informed Kingston's staff nurse that a bed had come open, but the spouse had refused the opportunity stating he was "happy with the care at the current location "(Kingston). On November 22, 2004, local SNF with an available opening assessed and denied admission. After exhausting all opportunities for a transfer to a SNF a request was made to the attending physician and psychiatrist for an order to admit the resident to the acute care hospital for medication adjustment. "Kingston Residence of Santa Fe requests this client's physicians to render an order to admit (Resident #C3) to a hospital where her medications can be adjusted. (Name of Facility) has agreed to admit her post hospitalization." (See attached memo dated 12/13/04).	

KINGSTON
RESIDENCE
of SANTA FE

October 13, 2004

Ombudsman

2550 Cerrillos Road
Santa Fe, New Mexico 87505

Dear [redacted] Ombudsman

psychiatrist

Res # C3

It is kind of you to assume the role of spokesperson for [redacted] in regard to the care of [redacted], [redacted]. I am sure her physicians feel the same way. Dr. [redacted] commented regarding how many issues [redacted] is presenting coping with and concurred with the recommendation for [redacted]'s discharge to a skilled facility.

Res # C3

Spouse

Res # C3

Res # C3

name of facility

On September 8th when we met to review the assessment, we all agreed [redacted]'s care has surpassed Kingston Residence's scope. I understand [redacted] discharge to [redacted] was halted on October 1st per your instruction and presently is on the waiting list for placement in [redacted]. It was my understanding that [redacted] and [redacted] are in close proximity to one another and share ownership.

facility

Res # C3

name of facility

The staff has followed up with [redacted] and has learned [redacted] will not be admitted soon -- possibly not for months. This causes me great concern as the staff has reported her behaviors, as we discussed, remain problematic to the others within the community. I am willing to explore other alternatives such as a private caregiver or companion if [redacted] is in agreement and willing to assume the cost, or I can invite other facilities in to perform an assessment at your direction and invitation.

Spouse

I do need your assistance in facilitating [redacted]'s transfer to a facility that can meet [redacted]'s present needs. I am hopeful that for this transfer to occur as soon as possible, not [redacted] weeks or months from now as the staff at [redacted] have indicated.

Res # C3

Res # C3

facility name

Spouse

Please contact the staff at Kingston or me after you are able to confer with [redacted] regarding this letter to discuss arrangements for such a transfer.

Sincerely,

[redacted signature]

Regional Manager

1400 Legacy Court / Santa Fe, New Mexico 87507
Tel. 505-471-2400 Fax. 505-473-7811

Owned and operated by KINGSTON HEALTH CARE COMPANY, Toledo, OH

Memo

psychiatrist
primary care

To: Dr. [redacted], Dr. [redacted]
From: Rebecca [redacted] RN Regional Manager
CC: [redacted] Clinical Record; [redacted] Ombudsman Regional Director
Date: 12/13/04
Re: [redacted] *Res # C3*

As you may recall, Kingston Residence of Santa Fe issued a discharge notice to [redacted] in September because her needs have surpassed our scope of care. The skilled facilities in the area have not accepted [redacted] into their communities.

Res # C3
Psychiatrist Res # C3
Dr. [redacted] in a recent conversation with the property manager, indicated [redacted] medication is in need of adjustment and he would do so after her admission to a skilled nursing center. Obviously, the situation is in a stalemate.

city of facility
name of facility
Kingston Residence of Santa Fe requests this client's physicians to render an order to admit [redacted] *Res # C3* to a hospital where her medications can be adjusted. [redacted] and Rehabilitation Center in [redacted] *Spouse* has agreed to admit her post hospitalization. The property manager has apprised [redacted] of the situation and he has agreed to the admission.

The facility will make arrangements to transport [redacted] as soon as we receive your written order.

Res # C3

Division of Health Improvement

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A19	Continued From page 7 FREQUENTLY WENT INTO OTHER RESIDENTS' ROOMS UNINVITED, WANDERED DOWN THE HALLS AND WAS UNAWARE OF SAFETY. 5. THE MONTHLY PERIODIC SUMMARY FOR 10/24/04 REVEALED THE RESIDENT REQUIRED A 2 PERSONS ASSIST FOR TRANSFERS AND REQUIRED FREQUENT MONITORING. 6. NURSES' NOTES FROM 9/08/04 TO 12/14/04 REVEALED THE FOLLOWING BEHAVIORS: KNOCKING OVER FURNITURE, RUNNING INTO RESIDENTS, UNRESPONSIVE RESULTING IN HOSPITALIZATIONS, GOING INTO OTHER RESIDENTS' ROOMS AND AGITATED BEHAVIORS. VARIOUS ATTEMPTS TO PLACE THE RESIDENT IN A NURSING FACILITY WERE MADE. 7. ON 10/1/04, A LETTER TO THE OMBUDSMAN WAS WRITTEN STATING THAT A PLACEMENT HAD BEEN MADE TO (NAME OF NURSING HOME) FOR THE RESIDENT. HOWEVER, THE OMBUDSMAN INTERVENED AND HALTED THE TRANSFER. THE LETTER TO THE OMBUDSMAN REQUESTED HER ASSISTANCE THEN IN PLACING THE RESIDENT ELSEWHERE AS SOON AS POSSIBLE. 8. ON 11/15/04, THE NURSES' NOTES INDICATED THAT A BED HAD OPENED UP AT (NAME OF ANOTHER NURSING HOME) BUT THE HUSBAND HAD DECLINED THE MOVE. 9. ON 11/17/04, THE NURSES' NOTES REVEALED, "A DISCHARGE NOTICE IS STILL IN EFFECT, REQUEST THIS RESIDENT BE ADMITTED TO AN INPATIENT ACUTE CARE SETTING TO ADJUST HER MEDICATIONS AS NECESSARY TO ASSIST HER ACCEPTANCE INTO A SKILLED NURSING FACILITY." 10. ON 12/13/04, THE NURSES' NOTES	A19	<p>The request was quite clear and the intent was never 'veiled' that Kingston would not be able to readmit Resident #C3.</p> <p>Subsequently, an order was received to admit the resident to the acute care hospital to allow the physician to adjust the resident's medication.</p> <p>Kingston phoned to arrange admission and was told by a hospital staff member "the best way to admit into the hospital's behavioral unit was through the emergency room".</p> <p>The Resident #C3 was transported to the hospital accompanied by a facility nurse who accompanied the resident to the hospital and into the hands of the emergency room personnel. Written documentation transferred with the resident provided the spouse's phone number as the spouse indicated to Kingston the inability to meet Resident #C3 due to illness, as well as, a brief summary of the issues preceding the admission and an invitation to phone for additional information as needed.</p> <p>After the hospital disagreed with Kingston's transfer of Resident #C3, Kingston's Regional Manger discussed the responsibility of the post hospital placement with the New Mexico Ombudsman Director.</p>		



To: St. Vincent Hospital ER Team

From: Kingston Residence of Santa Fe

CC: [Redacted] ^{Res C#3} Clinical Record

Re: [Redacted] ^{Res C#3}

Date: December 14, 2004

^{Res C#3}
[Redacted] is transported to you per Kingston Residence of Santa Fe transportation service for admission to your hospital. [Redacted] ^{Res C#3} primary care physician is Dr. [Redacted] and her psychiatrist is Dr. [Redacted] ^{Res C#3} requires hospitalization to have her medications evaluated and adjusted.

[Redacted] ^{Res C#3} Nursing and Rehabilitation Center has assessed [Redacted] at this facility and have indicated they will accept her following the hospitalization. [Redacted] is not to return to Kingston Residence of Santa Fe as her condition has surpassed our scope of care. ^{Res C#3}

^{S. Pava}
[Redacted] is her responsible party and was notified by [Redacted], Executive Director of [Redacted] transfer by phone (number [Redacted]). Please call the facility nursing department if you need any additional information.

^{Res C#3's}

2400 Legacy Court / Santa Fe, New Mexico 87507
Tel: 505-471-2400 Fax: 505-473-7811

Owned and operated by KINGSTON HEALTH CARE SERVICES, LTD. (NYSE:KSTN)

Feb. 05 2005 01:19PM P50

FAX NO. : 15054737811

FROM : KINGSTON

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2004
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A19	Continued From page 8 INDICATED THE PHYSICIAN WROTE AN ORDER "TO ADMIT RESIDENT TO HOSPITAL FOR ADJUSTMENT OF PSYCH MEDS," AND THAT THE RESIDENT SHOULD BE ADMITTED TO THE PSYCHIATRIC UNIT FOR THE EVALUATION. 11. ON 12/13/04, A LETTER TO THE RESIDENT'S PHYSICIAN WAS WRITTEN STATING: "(NAME OF FACILITY) REQUESTS THIS CLIENT'S PHYSICIANS TO RENDER AN ORDER TO ADMIT THE RESIDENT TO A HOSPITAL WHERE HER MEDICATIONS CAN BE ADJUSTED. (NAME OF ANOTHER FACILITY) HAS AGREED TO ADMIT HER POST HOSPITALIZATION." 12. A 12/14/04 NURSES' NOTES STATED: "FOLLOW-UP DONE TO DISCHARGE RESIDENT TO HOSPITAL." 13. ON 12/14/04, A LETTER TO NAME OF HOSPITAL WAS WRITTEN STATING: "THE RESIDENT REQUIRES HOSPITALIZATION TO HAVE HER MEDICATIONS EVALUATED AND ADJUSTED. (NAME OF FACILITY) HAS INDICATED THEY WILL ACCEPT HER FOLLOWING THE HOSPITALIZATION. THE RESIDENT IS NOT TO RETURN TO (NAME OF CURRENT FACILITY)." C. ON 12/21/04 AT 9:00 AM, DURING INTERVIEW THE ADMINISTRATOR STATED THE RESIDENT NEEDED AN ANTIPSYCHOTIC MEDICATION AND SHE HAD ASKED THE PHYSICIAN TO DISCHARGE THE RESIDENT TO THE HOSPITAL TO GET THE MEDICATION. THE PHYSICIAN WROTE ORDERS TO THE HOSPITAL TO GET AN ASSESSMENT FOR PSYCHIATRIC MEDICATION. THE ADMINISTRATOR REPORTED, "I SENT HER WITH A NURSE AND ALL HER ORDERS. WE THOUGHT WE	A19	The Director clearly stated that Kingston bore no further responsibility for placement and the resident would need to be discharged from the hospital to a skilled facility. Kingston Residence of Santa Fe upheld the applicable regulations of 7 NMAC 8.2.20 A 4 (d) which states: <i>Termination of an admission agreement by the facility is permitted in emergency situations for the following reasons: the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; the safety or health of individuals in the facility is endangered; the resident has failed to pay for a stay at the facility, as defined in the admission agreement; the facility ceased to operate or is no longer able to provide services to the resident; and due to sanctions or remedies imposed by the Department.</i> Kingston assesses all residents every six months as required by 7 NMAC 8.2.26 Resident Assessment. Those who are assessed to surpass the scope of care are provided with discharge notices and supportive care continues while alternative placement is arranged. At the time of the survey there was at least one other active discharge notice on another resident record. The Executive Director monitors the process.	01/31/05

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A19	Continued From page 9 DID EVERYTHING RIGHT TO DISCHARGE HER. I RECEIVED A CALL LATER FROM A CASEWORKER STATING THAT WE DUMPED THE RESIDENT AT THE EMERGENCY ROOM." THE ADMINISTRATOR STATED THAT IT WAS OKAY TO DISCHARGE THE RESIDENT TO THE HOSPITAL. WHEN ASKED ABOUT THE LETTER STATING THAT THE RESIDENT COULD GO TO (NAME OF OTHER FACILITY) AFTER HOSPITALIZATION, SHE SAID: "THAT WAS A MISTAKE. (NAME OF OTHER FACILITY) DID NOT HAVE ANY ROOMS AVAILABLE." WHEN ASKED IF ANY ARRANGEMENTS HAD BEEN MADE FOR THE RESIDENT ONCE SHE LEFT THE HOSPITAL, SHE STATED, "NO, WE DISCHARGED THE RESIDENT TO THE HOSPITAL. ARRANGEMENTS WERE NOT MADE TO SEND HER SOMEPLACE AFTER THE HOSPITAL." THE ADMINISTRATOR DID NOT KNOW WHAT HAPPENED TO THE RESIDENT. D. ON 12/21/04 AT 10:35 AM, DURING INTERVIEW THE REGISTERED NURSE, SHE STATED, "THE RESIDENT WAS NOT APPROPRIATE TO BE ADMITTED TO (NAME OF FACILITY). THE DIRECTOR OF NURSING AT THE TIME ALSO SAID SHE WAS NOT AN APPROPRIATE PLACEMENT BUT ADMITTED HER ANYWAY." E. ON 12/21/04 AT 10:40 AM, DURING INTERVIEW THE ADMINISTRATOR REVEALED, "SHE WAS NOT AN APPROPRIATE ADMISSION TO BEGIN WITH. EVERYONE KNOWS SHE NEEDED A PSYCHIATRIC HOSPITAL. WE COULD NOT KEEP HER ANY LONGER." WHEN ASKED FOR THE DISCHARGE SUMMARY, SHE STATED THAT THE FACILITY DID NOT DO	A19		

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A19	Continued From page 10 DISCHARGE SUMMARIES; THEY WRITE DISCHARGES IN THE NURSES' NOTES. F. ON 12/21/04 AT 10:45 AM, DURING A TELEPHONE INTERVIEW THE RESIDENT'S PHYSICIAN (#8) STATED, "IT WAS NOT MY UNDERSTANDING THAT THE RESIDENT WAS BEING DISCHARGED TO THE FACILITY. I KNEW THE FACILITY COULD NOT MANAGE HER, BUT I DID NOT WRITE A DISCHARGE ORDER TO THE HOSPITAL. I WROTE AN ORDER FOR A PSYCHIATRIC ASSESSMENT TO ADJUST HER MEDS. IT WAS NOT MY UNDERSTANDING THAT SHE WAS BEING DISCHARGED TO THE HOSPITAL. IT WAS TO GET THE RESIDENT STABLE AND BE RETURNED TO (NAME OF FACILITY). IF IT WAS THE FACILITY'S INTENTION NOT TO TAKE HER BACK, IT WAS VEILED AND NOT UPFRONT WITH ME. THE ORDER WAS TO STABILIZE HER, NEVER TO DISCHARGE HER." G. ON 12/21/04 AT 10:50 AM, REVIEW OF THE 12/13/04 PHYSICIAN'S ORDER REVEALED AN ORDER TO "ADMIT TO HOSPITAL FOR ADJUSTMENT OF PSYCHIATRIC MEDICATION." H. ON 12/22/04 AT 10:30 AM, DURING A TELEPHONE INTERVIEW THE HOSPITAL DISCHARGE PLANNER STATED, "THE RESIDENT IS STILL IN THE HOSPITAL AND WILL BE DISCHARGED TODAY, 12/22/04 TO (NAME OF A FACILITY) ALZHEIMER'S UNIT. WE COULD NOT FIND A PLACE FOR HER. WE ENDED UP HOUSING HER FOR TWO WEEKS WITH NO REIMBURSEMENT." THE DISCHARGE PLANNER FURTHER STATED THAT THE RESIDENT WAS ADMITTED TO	A19		

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A19	Continued From page 11 THE EMERGENCY ROOM WITH A LETTER SAYING SHE WAS UNABLE TO BE CARED FOR AT (NAME OF FACILITY). WHEN ASKED ABOUT THE HOSPITAL POLICY, SHE REPORTED, "IT WAS AN INAPPROPRIATE REQUEST. AS FAR AS HER MEDICATION, THERE WAS NOTHING TO ADJUST. THEY CAN'T DROP OFF SOMEONE. THEY HAVE TO WORK WITH THE HOSPITAL TO SET UP ADMITTANCE."	A19		
A26	7 NMAC 8.2.26 RESIDENT ASSESSMENT 7.8.2.26 RESIDENT ASSESSMENT: A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan. B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments. C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following: (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status.	A26	A26 Kingston Residence of Santa Fe complies with 7NMAC 8.2.26 and completes the resident assessment with five days of admission and reviews the assessment every six months as part of the individual service plan. The survey does not cite the absence of assessment information. <i>Kingston Residence of Santa Fe respectfully requests this deficiency be omitted from the survey.</i> Additionally, the NMAC is silent regarding the number of activities or types of events the facility is required to provide daily, weekly, monthly, annually or on holidays. Nor does NMAC indicate the times of day activities are to be provided. The Activity Calendar for December was distributed to each resident and posted in common areas per the section of the NMAC that follows. SEE p 13	01/31/05

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A27	Continued From page 13	A27		
A27	<p>7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN</p> <p>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 by: REFER TO DEFICIENCY 7.8.2.27</p> <p>BASED ON RECORD REVIEW, 4 OF 15 CARE PLANS WERE NOT SIGNED. THE FINDINGS ARE:</p> <p>A. ON 12/20/04, REVIEW OF RESIDENT CARE PLANS SHOWED THAT CARE PLANS FOR</p>	A27	<p>A27 Kingston Residence upholds NMAC 7.8.2.27 and completes Individual Service Plans within 14 days of admission and a licensed nurse reviews them at least every 6 months. Residents #C1, C6, C9, and C11 were signed by the nurse completing the review. The nurses verbalize understanding of the need for the review to be accompanied by their signature. Kingston Residence of Santa Fe conducts random chart audits. These audits will continue and reports provided to the Executive Director and nursing staff for monitoring and follow up.</p>	6/2/04/05

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A27	Continued From page 14 RESIDENTS #C1, C6, C9 AND C11 WERE NOT SIGNED.	A27		
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including	A35		01/31/05 01/31/05

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A35	Continued From page 15 non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (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 must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is 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. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00]	A35		

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A35	Continued From page 16 This REQUIREMENT is not met as evidenced by: REFER TO DEFICIENCY 7.8.2.35 BASED ON OBSERVATION AND INTERVIEWS, THE FACILITY FAILED TO SHOW POSSESSION OF A CURRENT CUSTODIAL DRUG PERMIT. THE FACILITY ALSO FAILED TO PROPERLY STORE MEDICATIONS. THE FINDINGS ARE: A. ON 12/21/04, A POSTINGS OF THE CURRENT CUSTODIAL DRUG PERMIT COULD NOT BE LOCATED. B. ON 12/21/04 AT 9:30 AM, DURING INTERVIEW STAFF #10 CONFIRMED SHE WAS UNABLE TO LOCATE THE CURRENT CUSTODIAL DRUG PERMIT. C. ON 12/21/04 AT 9:35 AM, DURING INTERVIEW THE ADMINISTRATOR STATED SHE HAD THE CURRENT CUSTODIAL DRUG PERMIT IN HER OFFICE BECAUSE SHE WAS WAITING FOR IT TO BE FRAMED. SHE SAID THAT SHE WOULD TRY TO LOCATE THE PERMIT. AS OF THE EXIT CONFERENCE AT 11:00 AM, THE PERMIT WAS STILL UNAVAILABLE. D. ON 12/21/04 AT 9:30 AM, TOUR OF THE NURSE'S STATION REVEALED THAT MEDICATIONS WERE IN AN UNLOCKED REFRIGERATOR BEHIND AN UNLOCKED DOOR.	A35	A35 The Executive Director had possession of the Custodial Drug Permit for the purpose of securing the permit in a frame. Unfortunately, due to frequent requests from the eight members of the survey team a copy was excluded from the various other pieces of information requested by the team. The Custodial Drug Permit has been framed and posted in Vista del Sol's second floor Medication Room. (Attached is a copy of the permit). The nurse was in attendance while the door was unlocked. The Nurses station recently relocated into new office and medication room spaces. The medication refrigerator is now permanently located behind a locked medication room door. The Executive Director and nursing staff will monitor to ensure the door remains locked at all times by performing random checks.	01/31/05 01/31/05
A39 SS=E	7 NMAC 8.2.39 HOUSEKEEPING/LAUNDRY SERVICES 7.8.2.39 HOUSEKEEPING/LAUNDRY	A39		

LICENSE IS HEREBY GRANTED TO OPERATE A BOARD/RES CARE HOME
CUSTODIAL HOME IN ACCORDANCE WITH PROVISIONS UNDER CHAPTER 61-11-
14, 26, 30 NMSA 1978 COMP., LAWS OF NEW MEXICO AT THE ADDRESS AND FOR
THE PERIOD SHOWN HEREON.

LICENSE NO: CU00006395

EXPIRES: 12/31/2006

KINGSTON RESIDENCE O F SANTA FE

2400 LEGACY COURT
SANTA FE NM 87505

WOODROW STOREY, CHAIRMAN

NON-TRANSFERABLE

Division of Health Improvement

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A39	Continued From page 17 SERVICES: The adult residential care facility shall maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility must be free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish, dust. A. Bathrooms and all common living areas must be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags and compounds shall be stored in closed metal containers in approved areas providing adequate ventilation. Combustibles shall be stored away from the food preparation area and away from resident rooms. C. Poisonous or flammable substances must not be stored in residential areas, food preparation areas, or food storage areas. D. The adult residential care facility shall make available laundry services to the residents either on the premises or by use of a commercial laundry or linen service. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (1) All linens shall be changed as needed and at least weekly. (2) The mattress pad, blankets, and bedspread shall be laundered as needed and at least once a month. (3) Bath linens consisting of face towel, bath towel and wash cloth shall be changed as needed and at least three (3) times per week. (4) Residents shall have clean clothing as needed to maintain dignity and be free of odors. E. Laundry services provided on the premises shall have a designated laundry area equipped with a washer and dryer. F. Under no circumstances shall collection, sorting, storage or washing of soiled clothing or	A39		

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A39	Continued From page 18 linen be done in a food preparation, food storage, or food service area. G. Residents may do their own laundry if they are capable and WISH to do so, or if it is part of a training or rehabilitation program specifically documented in the resident's individual service plan. H. A separate, dry, well ventilated storage area for clean linen shall be provided. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 4-7-97; 7.8.2.39 NMAC - Rn, 7 NMAC 8.2.39, 8-31-00] This REQUIREMENT is not met as evidenced by: REFER TO DEFICIENCY 7.8.2.39 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY FAILED TO ENSURE SUPPLIES IN A STORAGE AREA WERE KEPT OFF THE FLOOR, AND FAILED TO MAINTAIN A SAFE AND CLUTTER FREE ENVIRONMENT. THE FACILITY ALSO FAILED TO ENSURE THAT POISONOUS AND HAZARDOUS CHEMICALS WERE STORED AWAY FROM RESIDENTIAL AREAS, FOOD PREPARATION AREAS AND FOOD STORAGE AREAS. THE FINDINGS ARE: A. ON 12/20/04 AT 1:00 PM, OBSERVATION OF THE ALZHEIMER'S UNIT REVEALED THE FOLLOWING: 1. THE STORAGE ROOM AREA AT THE END OF THE WEST HALL WAS UNLOCKED. SEASONAL DECORATIONS AND ART SUPPLIES WERE ON THE FLOOR. 2. THE UNLOCKED STORAGE ROOM HAD EXPOSED WIRES CONNECTED TO A CIRCUIT. THICK, BLACK, EXPOSED WIRES WERE ALSO HANGING OUT FROM THE WALL.	A39			

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A39	Continued From page 19 B. ON 12/20/04 AT 3:00 PM, DURING INTERVIEW IN THE ALZHEIMER'S UNIT WITH THE MAINTENANCE MAN, HE STATED, "THE WIRES IN THE STORAGE AREA COULD BE DANGEROUS TO THE RESIDENTS IF ONE OF THE RESIDENTS DECIDES TO GO INTO THE ROOM." C. ON 12/20/04 AT 2:00 PM, OBSERVATION OF THE WEST END THIRD FLOOR HALLWAY REVEALED A CLUTTERED AREA FILLED WITH 4 LARGE CLOTH COVERED ARM CHAIRS, TWO TALL LAMPS AND TWO LARGE HAIR DRYER CHAIRS. D. ON 12/20/04 AT 2:30 PM, OBSERVATION OF THE HEATING FURNACE ROOMS REVEALED THE FOLLOWING: 1. A PAIR OF CRUTCHES WERE BEING STORED NEXT TO THE FURNACE IN ROOM 111. 2. ROOM 113 HAD "COMET" AND "SIMPLY CLEAN" STORED NEXT TO THE FURNACE. THERE WAS ALSO A PAIR OF WHEELCHAIR FOOT RESTS STORED IN THIS ROOM. E. ON 12/20/04 AT 11:15 AM, TOUR OF ROOM 101 (ACTIVITY/DINING ROOM) IN THE ALZHEIMER'S UNIT REVEALED A 32 OUNCE BOTTLE LABELED "SANITIZER" IN AN UNLOCKED KITCHEN CLOSET LOCATED NEAR RESIDENT TRAFFIC. THE BOTTLE CONTAINED AN ACTIVE INGREDIENT OF ALKYL WITH THE LABEL "KEEP OUT OF REACH OF CHILDREN." F. ON 12/20/04 AT 12:00 PM, DURING OBSERVATION OF THE B-HALL ACTIVITY/DINING ROOM, A 32 OUNCE	A39	A39 A.1, 2 The residents residing on the Alzheimer's unit were transferred to new accommodations in the Vista del Sol building. The unit cited in this survey has been closed for renovation. B. The exposed wires did not pose a safety concern for residents. These are the phone lines that will remain behind a locked door and will not pose a threat to resident safety. This area is currently unoccupied at present by residents and the wires will be concealed as the renovation process proceeds and prior to residents reoccupying the area. C. The third floor is not a licensed floor and is not subject to survey. However, the chairs hair dryers have been removed. D. Rooms 111 and 113 are unoccupied for renovation the noted items have been removed. E. F. The Activity Room is unoccupied for renovation. All chemicals are stored in labeled containers and are kept locked in cabinets.	01/13/05 01/13/05 02/11/05 01/13/05 01/13/05

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A39	Continued From page 20 BOTTLE LABELED "SANITIZER" WAS FOUND IN AN UNLOCKED KITCHEN CABINET BELOW THE SINK WHICH WAS ACCESSIBLE TO RESIDENTS. THE BOTTLE CONTAINED AN ACTIVE INGREDIENT OF ALKYL WITH THE LABEL "KEEP OUT OF REACH OF CHILDREN." 1. A SPRAY BOTTLE LABELED "NEUTRAL DISINFECTANT CLEANER" WAS FOUND IN AN UNLOCKED KITCHEN CABINET BELOW THE SINK WHICH WAS ACCESSIBLE TO RESIDENTS. THE BOTTLE HAD A LABEL STATING "CAN CAUSE IRRITATION. KEEP OUT OF REACH OF CHILDREN." G. ON 12/20/04 AT 12:15 PM, DURING OBSERVATION OF THE B-HALL, THE FISH TANK CABINET CONTAINED THE FOLLOWING: 1. A BOTTLE LABELED "ICK GUARD" AND "KEEP OUT OF REACH OF CHILDREN. AVOID CONTACT WITH EYES." 2. AN 8 OUNCE BOTTLE LABELED "PROQUATICS" WATER CLARIFIER WITH THE LABEL "KEEP OUT OF REACH OF CHILDREN. AVOID CONTACT WITH EYES." 3. AN 8 OUNCE BOTTLE LABELED "AQUA PLUS" LABELED "KEEP OUT OF REACH OF CHILDREN. IF SWALLOWED, SEEK MEDICAL ADVICE." 4. A 1 OUNCE BOTTLE LABELED "STRESS COAT, AQUARIUM WATER CONDITIONER. KEEP OUT OF REACH OF CHILDREN." H. ON 12/21/04 AT 9:00 AM, DURING OBSERVATION OF ROOM 101 REVEALED THE FOLLOWING ITEMS WERE FOUND IN AN UNLOCKED KITCHEN CABINET BELOW THE SINK WHICH WAS ACCESSIBLE TO RESIDENTS: 1. A 32 OUNCE BOTTLE LABELED	A39	G. The aquarium supplies have been removed and are stored in a locked cabinet. The Activity Director will maintain these supplies away from residents and will monitor. H. The chemical stored in room 101 have been removed and secured in a locked cabinet. The staff received education on procedures regarding proper chemical storage. The nursing and activity staff will monitor to ensure chemicals are properly stored. The Maintenance Director will monitor the chemical storage of the housekeeping staff.	12/26/04 12/21/04 12/21/04

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A39	Continued From page 21 "SANITIZER." THE BOTTLE CONTAINED AN ACTIVE INGREDIENT OF "ALKYL" WITH THE THE LABEL "KEEP OUT OF REACH OF CHILDREN." 2. A 128 OUNCE BOTTLE LABELED "BLEACH." 3. A SPRAY BOTTLE LABELED "NEUTRAL DISINFECTANT CLEANER." THE BOTTLE WAS LABELED, "CAN CAUSE IRRITATION. KEEP OUT OF REACH OF CHILDREN." I. ON 12/21/04 AT 11:00 AM, DURING INTERVIEW STAFF #3 CONFIRMED THAT THE CHEMICALS SHOULD BE KEPT OUT OF REACH OF THE RESIDENTS AND SHOULD NOT BE STORED IN UNLOCKED LOCATIONS.	A39		
A43	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97;	A43		

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A43	Continued From page 22 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: REFER TO DEFICIENCY 7.8.2.43 BASED ON OBSERVATION, THE FACILITY FAILED TO MAINTAIN THE INSIDE WALLS FREE OF HAZARD AND THE CARPETING FREE OF TRIPPING HAZARD. THE FINDINGS ARE: A. ON 12/20/04 AT 11:10 AM, DURING OBSERVATION THE WALL THAT SEPARATED THE KITCHEN FROM THE HALLWAY IN ROOM 113 HAD A PLASTIC CORNER NAILED WITH SMALL NAILS. ONE NAIL, 30 INCHES FROM THE FLOOR STUCK OUT AT 0.5 TO 0.75 INCHES CREATING A POTENTIAL HAZARD FOR RESIDENTS. B. ON 12/20/04 AT 11:20 AM, DURING OBSERVATION THE CARPETS IN THE ENTRANCES TO ROOMS 111 AND #2 WERE COMING APART AT THE SEAMS IN TWO PLACES WITH GAPS OF .5 INCHES TO 1.5 INCHES WIDE AND LIFTING UP OFF THE FLOOR, CREATING A POTENTIAL TRIPPING HAZARD.	A43	A 43 A. The protruding nail has been replaced to remove any potential resident / staff hazard. The Maintenance Department inspected other areas and will monitor for any potential hazards and in need of repair. B. The carpet covering the entire center hall has been replaced. The entire first floor will have carpet replaced as renovations of these areas continue.	12/22/04 02/07/05
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions	A63		

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A63	Continued From page 23 in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by:	A63		

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A63	Continued From page 24 REFER TO DEFICIENCY 7.8.2.63 BASED ON REVIEW OF FIRE SAFETY PROCEDURES, THE FACILITY FAILED TO CONDUCT FIRE DRILLS FOR 3 OF 11 MONTHS OF 2004. THE FINDINGS ARE: A. REVIEW OF WRITTEN FIRE DRILL DATES BEGINNING IN JANUARY '04, REVEALED THAT NO FIRE DRILLS WERE DOCUMENTED FOR AUGUST, SEPTEMBER AND OCTOBER '04.	A63	A 63 Kingston Residence of Santa Fe upholds 7 NMAC 8.2.63 and conducts monthly fire drills and staff training. Fire Drills were conducted in August, September, and October, however, in a recent transfer from one temporary office to another the documentation has been misfiled. The facility staff has been unable to locate the documentation. Fire Drills are planned to continue monthly for the next year and will rotate quarterly between the shifts. The Executive Director will maintain the schedule and the records.	01/13/05