

Division of Health Improvement

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|--------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>5553</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/13/2009</b> |
|--------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|

|                                                                               |                                                                                         |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEVIEW CHRISTIAN ASSISTED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1905 WEST PIERCE<br/>CARLSBAD, NM 88220</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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A19 7 NMAC 8.2.19 Admissions

A19

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 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.

A19 - Admissions

**Corrective Action Taken:** The facility will convene team meetings with the outside agency of these four (4) residents to determine if retention of resident is appropriate by 8/25/09. Proper documentation will be submitted to the Licensing Authority within five (5) days of the team approval. **Identify other residents potentially affected:** Letters will be sent to outside agencies regarding this requirement. This letter will state the need for an inter-disciplinary team meeting with the outside agency, the facility, the resident or surrogate decision maker, the resident's advocate, the resident's physician, and any other appropriate health care professionals. The residents and Hostesses of the facility will be educated regarding this requirement and will be encouraged to notify facility staff when the resident elects assistance from an outside agency. This resident, staff, and community education will be completed no later than 8/31/09.

**Monitor performance:** For one week per month for one out of four quarters, facility hostesses will interview five residents regarding their use of outside agency care. This report will be given to the facility director.

*Scanned  
8/31/09  
CE*

Division of Health Improvement

*Jessica Lane*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Admin*

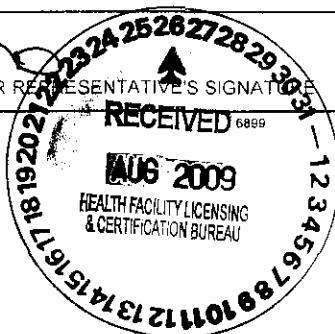
(X6) DATE

*8/24/09*

STATE FORM

DD4R11

If continuation sheet 1 of 4



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A19 Continued From page 1

A19

(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 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

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| A19                                                                           | <p>Continued From page 2</p> <p>and addresses the manner that such needs will be met.</p> <p>(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).</p> <p>(c) Be based upon an assessment of the health, safety and well-being of the other facility residents.</p> <p>(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.</p> <p>(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.<br/>[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]</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Refer to 7.8.2.19 C.</p> <p>Based on record review and interview, the facility failed to convene team meetings to determine if admission/retention was appropriate for 4 of 4 residents who require nursing services. (Residents, R #1, R #2, R#3 and R#4).<br/>The findings are:</p> <p>A. During review of the resident records on 08/11/09, there was no documentation that team meetings were held for R #1, R#2, R#3 and R#4 who are residing at the facility and are receiving nursing services from a home health agency.</p> | A19                                                                                     |                                                                                                                                           |

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| A19                                                                           | Continued From page 3<br><br>B. During an interview on 08/11/09 at 12:30 PM with the administrator, she acknowledged that there was no team meeting convened for R #1, R#2, R#3 and R#4. | A19                                                                                     |                                                                                                                 |                                                     |