

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  C 03/27/2013
NAME OF PROVIDER OR SUPPLIER  KINGSTON RESIDENCE OF SANTA FE		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507		
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A 000	Initial Comments  A survey was completed for NMAC 7.8.2 regulations governing Assisted Living facilities for intake (s) 28924 and 29016.  Complaint 28924 was unsubstantiated with no deficiencies cited  Complaint 29016 was substantiated with deficiencies cited.	A 000	Enclosed is the plan of correction for the survey conducted at Kingston Residence of Santa Fe ending on 3/27/2013. 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 not to be construed as an admission of interest against the facility, the executive director, the employees, agents or other individuals who draft or may be discussed in the response to this plan of correction. In addition, preparation 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. This plan of correction serves as an allegation of compliance.	
A 033	7 NMAC 8.2.33 Resident Rights  RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident	A 033		

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**RECEIVED**  
  
APR 26 2013  
  
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

*Pamela C Plaza*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: *Executive Director* (X6) DATE: *4/22/13*

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A 033	Continued From page 1  management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;	A 033		

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A 033	Continued From page 2  (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety	A 033		

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A 033	<p>Continued From page 3</p> <p>of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to protect the resident's right to humane care by failing to adequately describe, execute and document daily services for one facility resident (Resident #1). The findings are:</p> <p>Review of Resident #1's health diagnoses include: Parkinson's disease, Spinal Stenosis, Hypertension and Syncope, Memory loss Fall Risk and Hand and Hip pain.</p> <p>Review of Needs Assessment dated 05/01/2012 reveals that Resident #1 is Total Assist in areas of Mobility, Transfer, Bathing, Toileting, and Dressing</p> <p>Review of Nurses Notes from Resident #1's medical record reveal falls or instances where resident was found on the floor for dates 05/09/12, 05/22/12, 06/09/12, 07/08/12, 8/11/12, 08/15/12, 10/20/12 and 12/29/12.</p> <p>Observation of Resident #1 on 03/08/2023 at 2:45pm reveal that his lunch was barely eaten. A tray with a Reuben sandwich and grapes was seen. The sandwich was not cut into bite size pieces and the grapes were whole and off the vine. The sandwich was chewed up a bit but barely eaten. For his person, Resident #1 was visibly disheveled. His hair did not appear</p>	A 033	<p><b>A. Violation (A-033) will be corrected by instituting immediate education for nursing staff accountability.</b></p> <ol style="list-style-type: none"> <li><b>1. All nursing staff completed an e-course on Resident Right During the month of March 2013 (see attached list).</b></li> <li><b>2. Current "Data Sheets" will be updated to reflect the detail needs of each individual resident by Unit Managers by 4/27/13 (see attached sample).</b></li> <li><b>3. A Master Signature sheet will be developed to identify the worker to the resident for accountability of care by 4/27/13 (see attached sample).</b></li> <li><b>4. Nursing Staff will be educated on process to follow Updated Data Sheet instructions and all staff will sign Master Signature sheet with identifiable corresponding initials for accountability by 4/27/13.</b></li> </ol>	

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A 033	<p>Continued From page 4</p> <p>combed, he was slumped down in his chair with his pants unzipped. His shirt, pants, fingernails and wheelchair had dry encrustations of what appeared to be dried food droppings.</p> <p>Observation of Resident #1 on 03/08/2023 at 5:30pm reveal him attempting to eat a 4 inch by 3 inch square of lasagna independently. The meal was brought by the waitstaff. Resident #1 could not cut the meal, butter the roll and had to scoop the food off the plate whole into his mouth to eat it. Noodles fell into Resident #1's lap during this observation. During this observation, no assistance was provided the caregiving staff. Facility wait staff did not bring the food to the table cut in a fashion in which it could be eaten. Hand over hand assistance was not given by caregivers to help Resident #1 to eat his meal. Less than 25% of the meal was eaten during this observation. Again during this observation, Resident #1's physical dishevelment was apparent: mussed hair, dirty clothes, dirty fingernails, dirty wheelchair and encrusted teeth were apparent on his person.</p> <p>On 03/08/2013 at 2:45pm during an interview with Resident #1, he reports that he needs more assistance and personal help from the facility. He reports that he is not receiving help with eating his meals.</p> <p>Review of Documents on 03/26/12 reveal Resident #1 "Unique Needs" Sheet, a non-labeled sheet with a schedule type outline, Functional assessment dated 02/22/2012, a data sheet, aide assignment sheet, and facility careplan dated 03/16/2013. Upon review of all of these documents, it was unclear if, when and by whom services were being provided to Resident #1 such that accountability for a particular service</p>	A 033	<p><b>5. Starting 4/27/13 and then ongoing Unit Managers will be responsible to check Data Sheets weekly for completion and to hold staff accountable for care via our disciplinary process.</b></p> <p><b>6. Resident #1 preferences were discussed on 4/5/13 and wishes regarding assistance be honored (see attached Negotiated Risk Agreement).</b></p> <p><b>B. Unit Managers will identify the needs of the resident upon admission and update every six months or when there is a significant change in resident needs.</b></p> <p><b>1. Nurses and or Unit Managers will update Data Sheets and educate staff according to each resident's individual needs via the Huddle process (see attached form).</b></p> <p><b>2. Dietary Manager educated 4/17/13 to alert nursing staff if sees change in resident dining habits which need intervention.</b></p> <p><b>C. Unit Managers will monitor the process of Updated Data Sheets weekly for compliance beginning 4/27/13.</b></p>	

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A 033	Continued From page 5  could be tracked and traced to a particular employee with the date and time to ensure services were being rendered appropriately.	A 033		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds  MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the kitchen vent hood was functioning at optimum capacity. The findings are:  On 03/26/2013 at 8:30am during random observation, it was noted that the kitchen hood on the second floor did not appear to have a strong draw upward toward the vent.  On 03/26/2013 at 8:30am during interview with the Executive Chef, he confirmed that the upward draw on the hood was slight.	A 042	<b>A. Violation (A-042) corrected immediately on 3/27/13 by Environmental Services (Maintenance Dept.).</b> <b>B. Environmental Services will institute Written Preventative Maintenance Program to monitor Range Hood System to maintain functioning at optimal capacity by 4/27/13 (see attached).</b> <b>C. Kitchen Hood Venting System monitoring will be added to Safety Committee Meeting Report Monthly to ensure Maintenance compliance starting May 1<sup>st</sup>, 2013.</b> <b>D. Dietary Manager or designee will alert Environmental Services (Maintenance Dept.) immediately if and when Kitchen Hood Venting System not working at optimal capacity for immediate repair.</b>	