

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5634	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2007
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4708 DRIFTWOOD NW ALBUQUERQUE, NM 87114		
(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	
A19	<p>7 NMAC 8.2.19 ADMISSIONS</p> <p>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).</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>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:</p> <ol style="list-style-type: none"> (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			

*ES
Reviewed
09-20-07*

Division of Health Improvement

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

TITLE
Director

(X6) DATE
09/10/07

STATE FORM

6899

GNR/M/11

If continuation sheet 1 of 12

SEP 17 2007

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A19	Continued From page 1 (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	A19		

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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. [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: Refer to 7.8.2.19(C)(1) - Admission/Retention Exceptions</p> <p>Based on record review and interview, the facility failed to convene a team meeting for 1 of 10 residents who requires Hospice nursing services Resident (#1). The findings are:</p> <p>A. During review of the resident records on 09/04/07, there was no documentation that a team meeting was held for Resident #1 residing at the facility and is currently receiving the services of a hospice nursing agency.</p>	A19	<p>Back notes of resident entering hospice on 9/14/06 faxed to NMHD. 07/10/07</p> <p>Future Residents entering Hospice care program will have care conference team initial meeting notes along with Individual Hospice CARE Plan faxed To NMHD. AS soon as completed and signed within (5) days. 07/10/07</p> <p>Hospice will note progress and care routines, visits in facility ongoing. 07/10/07</p>	
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A19	Continued From page 3 B. On 09/04/07 at 10:30 am during interview with the house manager, she acknowledged the problem.	A19		
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,	A22		

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A22	<p>Continued From page 4</p> <p>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 diet required.</p> <p>(c) Any amendments to the admission agreement.</p> <p>(d) The current completed resident assessment form.</p> <p>(e) A completed and current individual service plan.</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	A22		

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A22	<p>Continued From page 5</p> <p>consent by resident or guardian for staff to assisting with medications.</p> <p>(i) Date, time and progress note of health services provided by any contract agency.</p> <p>(j) Unless included in the admission 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. RESIDENT RECORDS, MAINTENANCE:</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. [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 NMAC 7.8.2.22 A(3) (f)</p>	A22		

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A22	Continued From page 6 Based on record review and interview the facility failed to ensure that 3 of 3 individual service plans were signed by the person making the entry. The findings are: A. Review of records on 09/04/07 revealed that 3 of 3 individual service plans were not signed. B. Interview on 09/04/07 at 11:30 am, with the house manager, she acknowledged the problem.	A22	Attending R.N. to MVM has been notified and has signed all written care plans. (AND dated) R.N. will sign every care plan as she completes her assessment ongoing.	07-10-07
A23	7 NMAC 8.2.23 FAC. REPORTS, RECS., P & PS & RULES 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on	A23	MANAGER will check all service care plans for correct signatures & dates	

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A23	<p>Continued From page 7</p> <p>file provided the exemption letter is on file.</p> <p>(4) TB test results of staff or any of their family members living in the facility.</p> <p>(5) One (1) month of menus planned and as served.</p> <p>(6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills.</p> <p>(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel.</p> <p>(8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC).</p> <p>(9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit.</p> <p>(10) Vaccination of pets in the facility.</p> <p>(11) Staff training.</p> <p>(a) At orientation and on-going.</p> <p>(b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...)</p> <p>(c) Fire safety.</p> <p>(d) First aid.</p> <p>(e) Safe food handling practices.</p> <p>(f) Confidentiality of records and resident information.</p> <p>(g) Infection control (including universal precautions and linen handling).</p> <p>(h) Resident rights.</p>	A23		

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A23	<p>Continued From page 8</p> <p>(i) Providing Quality Resident care based on current resident need.</p> <p>(j) Reporting requirements for Abuse, Neglect or Exploitation.</p> <p>(12) A copy of License.</p> <p>(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.</p> <p>(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.</p> <p>(15) A copy of the floor plans as approved for licensure.</p> <p>B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:</p> <p>(1) The use of tobacco and alcohol.</p> <p>(2) The use of the telephone.</p> <p>(3) Operation of television, radio, and stereo.</p> <p>(5) Use and safekeeping of personal property.</p> <p>(6) Meals.</p> <p>(7) Use of common areas.</p> <p>(8) Electric blankets or appliances used by residents.</p> <p>C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:</p> <p>(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).</p> <p>(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).</p> <p>(3) The handling of resident's funds, if the facility provides such services.</p> <p>(4) Reporting of incidents, including</p>	A23		

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A23	<p>Continued From page 9</p> <p>abuse, neglect, and exploitation.</p> <p>(5) Handling of complaints.</p> <p>(6) Staff and resident fire and safety training.</p> <p>(7) Smoking.</p> <p>(8) The facility's bed hold policy.</p> <p>(9) Admission agreement.</p> <p>(10) Admission records.</p> <p>(11) Resident records.</p> <p>(12) Program Narrative.</p> <p>(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives.</p> <p>(14) Personnel policies.</p> <p>(15) Identifying and safeguarding resident possessions.</p> <p>(16) Securing medical assistance if a resident's own physician is not available.</p> <p>(17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers.</p> <p>(18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles.</p> <p>(19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.8.2.23 A. (3).</p> <p>Based on observation and review of facility records and interview, the facility failed to have</p>	A23		

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A23	Continued From page 10 on file all required records and reports. The findings are: A. Review of records and a tour of the kitchen on 09/04/07, revealed no record of an environmental health authority survey. B. Interview with the house manager on 09/04/07 at 12:30 PM she stated there is no environmental health authority survey.	A23	Original AHB, Environmental Health Dept. Waiver letter has been posted on Facility Kitchen bulletin board. Copy has been Faxed to STATE Health Dept. STAFF informed to NOT Remove posting at any time 09-01-07
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.8.2.62 A Based on observation and interview, the facility failed to have 2 of 2 fire extinguishers inspected yearly as required. The findings are; A. During the initial tour of the facility on	A62	Two Fire Extinguishers were replaced and TAG DATED. (receipts of purchase on file) Advance Research has completed Annual inspection of Fire Control Systems; Report on file at Facility. Fire Exts. will be inspected Annually & replaced by manager. Fire Marshall contacted To complete required ANNUAL inspection. 09-07-07

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A62	Continued From page 11 09/04/07, two fire extinguishers in the facility were tagged with 11/10/05 as the date of the last inspection. B. Interview on 09/04/07 at 12:00 PM with the house manager, she acknowledged the problem.	A62		
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