STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5674	A. BUILDING _____ B. WING _____	06/25/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA VIDA LLENA LIFECARE RETIREMENT COM	10501 LAGRIMA DE ORO NE ALBUQUERQUE, NM 87111

(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
A22	7 NMAC 8.2.22 RESIDENT RECORDS 7.8.2.22 RESIDENT RECORDS: A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission: (a) An executed admission agreement. (b) A completed resident assessment form. (c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical. (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers. (3) Within thirty (30) days of admission: (a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission. (b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and	A22	**La Vida Llena Assisted Living Facility makes its best effort to operate in substantial compliance with both Federal and State Law. Nothing in this Plan of Correction is an admission otherwise. La Vida Llena Assisted Living Facility has submitted this Plan of Correction in order to comply with its regulatory obligations and does not waive any objections to the merits or form of any allegations contained herein. La Vida Llena Assisted Living Facility is submitting this Plan of Correction as an allegation of compliance for the alleged deficiency as required by law.** ES scanned 7-2-07 RECEIVED JUL 9 2007	

Garry Fingar Admin - (out of facility) — Janet Lyden Director of Health Services — 7-4-07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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A22	Continued From page 1 diet required. (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan. (f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the entry and shall include significant information related to the individual service plan. (g) Entries providing a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention, and entries reflecting appropriate follow-up. The maintenance of such written record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility. (h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications. (i) Date, time and progress note of health services provided by any contract agency. (j) Unless included in the admission	A22		

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A22	Continued From page 2 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. (k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility. (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. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (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. (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] This REQUIREMENT is not met as evidenced by: 7.8.2.22A.(2)(b) Based on records review and interview, the facility failed to complete an initial resident assessment within five (5) days of admission for 1 of 3 sampled residents (33.3%). The findings	A22	For 7.8.2.22A. (2)(b) Resident records **Corrective action for identified violations**: For resident #1 the initial resident assessment was completed on 4/06/06. Resident #1 is currently on a schedule to update and review the resident assessment every 6 months. Education provided to the Assisted Living Director and the Assisted Living Nurses on the requirements for resident records (22A.2.b.) with the focus being the time frame for completion of the initial resident assessment. New residents admitted to Assisted Living will have an initial resident assessment completed by the end of the 5th day after admission. **Procedure to identify residents having the potential to be affected:** Residents admitted to Assisted Living from 06/25/07 have the potential to be affected. **Facility will monitor corrective action**: Director of Assisted Living or designee will initiate a tracking system to monitor for completion of the initial resident assessment.	

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A22	Continued From page 3 are: A. Review of R1's resident records revealed that R1 was admitted into assisted living on 3/20/06 and R1's initial assessment was completed on 4/6/06. B. During the exit-interview with the Directors of Assisted Living on 6/25/07 at 3:00 p.m., the staff acknowledged that R1's initial assessment was not completed within five days of admission.	A22	Medical Records will audit the new admission resident records for the completion of the initial assessment. Findings will be given to the Director of Assisted Living or designee. **Date of compliance**: July 25, 2007	
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.	A26		

For 7.8.2.26A. (A) Resident assessment

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A26	Continued From page 4 (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.26A. Based on records review and interview, the facility failed to review the resident assessment every six (6) months for 3 of 3 sampled residents (100%). The findings are: A. Review of R1's resident records revealed that R1's initial assessment was completed on 4/6/06 and was signed as reviewed on 3/25/07. B. Review of R2's resident records revealed that R2's initial assessment was completed on 4/11/06 and was signed as reviewed on an unknown date (document was undated). C. Review of R3's resident records revealed that R3's initial assessment was completed on 1/27/06 and was signed as reviewed on 6/12/07. D. During the exit-interview with the Directors of Assisted Living on 6/25/07 at 3:00 p.m., the staff	A26	For 7.8.2.26A. (A) Resident assessment **Corrective action for identified violations:** For the three identified residents their assessments have been reviewed, updated, and scheduled to be reviewed every 6 months utilizing the tracking system. Education provided to the Assisted Living Director and the Assisted Living Nurses on the requirements for resident records (26A.A) with the focus being the time frame for completion of the resident assessment. Resident records in Assisted Living have been audited to identify the resident assessments that are not in compliance. The identified resident assessments have been reviewed, updated and scheduled to be reviewed every 6 months utilizing the tracking system. **Procedure to identify residents having the potential to be affected:** All Assisted Living Residents may be potentially affected by the alleged deficient practice. La Vida Llena Assisted Living will take corrective action to all residents. Therefore, no procedure for	

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A26	Continued From page 5 acknowledged that R1, R2, and R3 ' s assessments were not reviewed every six months.	A26	identifying potentially affected residents is necessary. **Facility will monitor corrective action:** Director of Assisted Living or designee will review the tracking system identifying which assessments need to be updated for the current month. Director of Assisted Living or designee will monitor for completion of the resident assessment. Medical Records will audit the resident records monthly for compliance and will notify the Assisted Living Director or designee of any records that are found to be deficient. **Date of Compliance**: July 25, 2007	
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including	A36		

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A36	Continued From page 6 over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for	A36		

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A36	Continued From page 7 directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.36F.(1-10) Based on observation, record review, and interviews, the facility failed to document the Medication Administration Record (MAR) with medications administered to residents for 1 of 3 sampled residents (33.3%). The findings are: A. During an interview with the Directors of Assisted Living on 6/25/07 at 9:30 a.m., the staff revealed that the facility is staffed with a registered nurse (RN) each shift and the RN is responsible for administering medication and documenting the administration. B. Observation of R3's medications in the medication cart on 6/25/07 at 12:30 p.m. revealed a bottle of Lasix. C. Review of R3's 6/07 MAR revealed no entry for Lasix. D. During an interview with the RN administering medications on 6/25/07 at 12:30 p.m., the RN acknowledged that Lasix was administered to R3 but there was no entry for Lasix documented on the MAR. 7.8.2.36F.(10)	A36	For 7.8.2.36(F1-10and I) medications Both areas **Corrective action for identified violations:** For res. #3 the order for Lasix was noted (documented) to the resident's medication administration record (MAR) and the documentation error was reported to resident's physician. Identified residents #1, #2, and #3 have been assessed for side effects and the physicians for these residents have been notified of the medication error. Assisted Living Nurses and Director of Assisted Living were educated to the proper procedures for required documentation of medications and to complete medication error reports. Assisted Living Nurses are to review the MAR of each resident prior to the end of their shift for proper documentation. Assisted Living Nurses will report medication errors to resident's physician and will complete a medication error report. **Procedure to identify residents having the potential to be affected:** All Assisted Living Residents may be potentially affected by the	

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A36	Continued From page 8 Based on record review and interview, the facility failed to document various Medication Administration Record (MAR) entries with the initials of staff administering medications for 3 of 3 sampled residents (100%). The findings are: A. During an interview with the Directors of Assisted Living on 6/25/07 at 9:30 a.m., the staff revealed that the facility is staffed with a registered nurse (RN) each shift and the RN is responsible for administering medication and documenting the administration. B. Review of R1's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration for the following entries: 5/19/07, 5/26/07, and 6/14/07 for Carbidopa at 1200; 6/22/07 for Oyscal at 1700, Doxazosin at 1800, and Carbidopa at 1800. C. Review of R2's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration for the following entries: 5/12/07, 5/13/07, 6/14/07, and 6/15/07 for Starlix at 1130; 5/13/07 for Enalapril at 1700; 5/15/07 for Starlix at 1630; 6/14/07and 6/15/07 for Starlix at 1130; 6/15/07 for Lumigan at 2000. D. Review of R3's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration for the following entries: 5/12/07, 5/13/07, 6/14/07, and 6/15/07 for Cal/Mag at 1200. E. During the exit-interview with the Directors of Assisted Living on 6/25/07 at 3:00 p.m., the staff acknowledged that the facility failed to thoroughly document R1, R2, and R3 ' s MAR entries with the initials of the RN administering medications.	A36	alleged deficient practice. La Vida Llena Assisted Living will take corrective action to all residents. Therefore, no procedure for identifying potentially affected residents is necessary. **Facility will monitor corrective action:** Medical Records, Assisted Living Director or designee will do random audits of the residents MAR to validate the system. Medication error reports will be reviewed in the morning QA meeting to develop trends and patterns for additional education. **Date of Compliance** July 25, 2007	

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A36	Continued From page 9 7.8.2.36I. See page 8+9 Based on observation, record review, and interview, the facility failed to report all medication errors to the physician for 3 of 3 sampled residents (100%). The findings are: A. Review of R1's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration (medication errors) for the following entries: 5/19/07, 5/26/07, and 6/14/07 for Carbidopa at 1200; 6/22/07 for Oyscal at 1700, Doxazosin at 1800, and Carbidopa at 1800. Review of R1's resident records revealed no evidence that these medication errors were reported to R1's physician. B. Review of R2's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration (medication errors) for the following entries: 5/12/07, 5/13/07, 6/14/07, and 6/15/07 for Starlix at 1130; 5/13/07 for Enalapril at 1700; 5/15/07 for Starlix at 1630; 6/14/07and 6/15/07 for Starlix at 1130; 6/15/07 for Lumigan at 2000. Review of R2's resident records revealed no evidence that these medication errors were reported to R2's physician. C. Review of R3's 5/07 and 6/07 MAR's revealed no staff initials documenting medication administration (medication errors) for the following entries: 5/12/07, 5/13/07, 6/14/07, and 6/15/07 for Cal/Mag at 1200. Review of R3's resident records revealed no evidence that these medication errors were reported to R3's physician. D. Observation of R3's medications in the medication cart on 6/25/07 at 12:30 p.m. revealed	A36		

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A36	Continued From page 10 a bottle of Lasix. Review of R3's 6/07 MAR revealed no entry for Lasix. During an interview with the RN administering medications, the RN acknowledged that Lasix was administered to R3 but there was no entry for Lasix on the MAR (medication error). Review of R3's resident records revealed no evidence that the medication error was reported to R3's physician.	A36	For 7.8.2.38 Food management **Corrective action for identified violations:** Technician was contacted and added Freon to the freezer unit to assist with temperature control. New freezer unit has been ordered and will be installed upon delivery.	
A38	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below. E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated,	A38	**Procedure to identify residents having the potential to be affected:** All Assisted Living Residents may be potentially affected by the alleged deficient practice. La Vida Llena Assisted Living will take corrective action to all residents. Therefore, no procedure for identifying potentially affected residents is necessary. **Facility will monitor corrective action:** Temperature will be monitored daily and documented on the temperature. Temperatures out of compliance (7.8.2.38D) will be reported to the Director of Dietary Services, Chef, or Dining Room Manager.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA VIDA LLENA LIFECARE RETIREMENT COM	10501 LAGRIMA DE ORO NE ALBUQUERQUE, NM 87111

(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
A38	Continued From page 11 and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.38D. Based on observation and interview, the facility failed to maintain the temperature of the freezer at 00F or below. The findings are: A. Observation and testing of the freezer with an accurate indicating thermometer on 6/25/07 at 10:00 a.m. revealed that the temperature of the freezer was 9.6 degrees F. B. During the exit-interview with the Directors of Assisted Living, on 6/25/07 at 3:00 p.m., the staff acknowledged that the facility failed to maintain the temperature of the freezer at 00F or below.	A38	Temperatures out of compliance will be acted upon each time to maintain the temperature within the acceptable range. **Date of Compliance:** July 25, 2007	