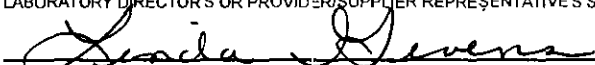


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5674	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/29/2013
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NAME OF PROVIDER OR SUPPLIER LA VIDA LLENA	STREET ADDRESS, CITY, STATE, ZIP CODE 10501 LAGRIMA DE ORO ROAD NE ALBUQUERQUE, NM 87111
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A 000	<p>Initial Comments</p> <p>Complaint investigations were completed for intakes NM00028601, NM00029076, and NM00029197 on 8/30/13 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.</p> <p>Complaint NM00028601 was unsubstantiated with no deficiencies cited.</p> <p>Complaint NM00029076 was substantiated with no deficiencies cited.</p> <p>Complaint NM00029197 was substantiated with deficiencies cited.</p>	A 000		
A 020	<p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident's surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care.</p> <p>A. Admission agreement. The admission agreement shall include the following information:</p> <ol style="list-style-type: none"> (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; 	A 020	<div data-bbox="933 1255 1268 1495" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JAN 10 2014</p> <p>HEALTH FACILITY LICENSING & CERTIFICATION BUREAU</p> </div>	

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 12/22/13
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A 020	<p>Continued From page 1</p> <p>(8) the facility's staffing ratio;</p> <p>(9) written authorization for staff to assist with medications;</p> <p>(10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(11) the facility ' s bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p>	A 020		

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A 020	<p>Continued From page 2</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. 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 remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health 	A 020		

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A 020	<p>Continued From page 3</p> <p>care professional if desired;</p> <p>(b) the resident or resident ' s surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers,</p>	A 020		

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A 020	<p>Continued From page 4</p> <p>including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.20 ADMISSIONS AND DISCHARGE:</p> <p>Based on record review and interview, the facility failed to complete an admissions agreement and meet with Power of Attorney (POA) for 1 of 3 residents charts reviewed (Residents #1). This deficient practice has the potential for the Resident and/or the Designated Decision Maker to not properly understand what care the facility is providing to the resident and is allowed to provide. The findings are:</p> <p>A. Review of records for Resident #1 revealed she was admitted to the facility on 04/25/13, but the admission agreement was not signed until 08/06/13.</p> <p>B. In an interview with the facility director on 08/30/13 at 11:00 am, the director acknowledged the admission agreement and packet had not been done at time of admissions.</p> <p>C. In an interview with the Power of Attorney (POA) for Resident #1 on 08/29/13 at 7:05 pm, the POA acknowledged she did not receive or sign the admissions agreement until earlier this month.</p>	A 020	<p>The following Plan of Correction constitutes La Vida Llena Health Care Center Plan for Compliance in response to the DHS standard survey conducted on August 29, 2013</p> <p>Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of federal and state law.</p> <p>How Violations identified were corrected The facility established an admission log with resident name; date of assessment completed which is prior to date of admission, admission date, date of agreement signed, date service plan completed in compliance with state regulations. (see attachments)</p> <p>How facility will monitor for ongoing compliance Nursing director is responsible for monitoring the log book for compliance and will report at monthly QAPI meetings. Monitoring of corrective action tool through the QAPI process has allowed us to revise our form to ensure that required information is specified for all nursing personnel. The new revised form is attached.</p> <p>The nursing personnel will be in-serviced on this new process.</p>	<p>08/30/13</p> <p>12/26/13</p> <p>01/07/14</p>

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A 025	<p>7 NMAC 8.2.25 Resident Evaluation</p> <p>RESIDENT EVALUATION:</p> <p>A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility.</p> <p>B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.</p> <p>C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:</p> <ul style="list-style-type: none"> (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with med cations; 	A 025		
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A 025	<p>Continued From page 6</p> <p>(16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.25 A.</p> <p>Based on record review and interview, the facility failed to complete a resident evaluation within 15 days prior to admission for 1 of 3 residents charts reviewed (Resident #1). This deficient practice has the potential for the Resident to not receive the care needed. The findings are:</p> <p>A. Review of records for Resident #1 revealed she was admitted to the facility on 04/25/13, but the evaluation was not completed until 06/21/13.</p> <p>B. In an interview with the facility director on 08/30/13 at 11:00 am, the director acknowledged the evaluation was not completed until 06/21/13.</p>	A 025	<p>How Violations identified were corrected The facility established an admission log with resident name; date of assessment completed which is prior to date of admission, admission date, date of agreement signed, date service plan completed in compliance with state regulations. (see attachments)</p> <p>How facility will monitor for ongoing compliance Nursing director is responsible for monitoring the log book for compliance and will report at monthly QAPI meetings. Monitoring of corrective action tool through the QAPI process has allowed us to revise our form to ensure that required information is specified for all nursing personnel. The new revised form is attached.</p> <p>The nursing personnel will be in-serviced on this new process.</p>	<p>08/30/13</p> <p>01/07/14</p>
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A 026	Continued From page 7	A 026		
A 026	7 NMAC 8.2.26 Individual Service Plan	A 026		
	<p>INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender.</p> <p>(3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility ' s determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including</p>			

