

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1st Original</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5805	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2008
NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012		
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A22	<p>7 NMAC 8.2.22 Resident Records</p> <p>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:</p> <p>(1) Admission records as set out in Section 7.8.2.21 NMAC:</p> <p>(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</p>	A22		

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7-15-08
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Division of Health Improvement

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

TITLE *Executive Director* DATE

Lara Faith Lester 7/11/08

STATE FORM

If continuation sheet 1 of 13



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A22	<p>Continued From page 1</p> <p>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 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</p>	A22		

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A22	Continued From page 3 for 1 of 3 residents who had resided in the facility for more than five days (R1). The findings are: A. Record review on 6/17/08 revealed no resident assessment for resident R1 with a recorded admission date of 5/15/08. B. In an interview with the administrator on 6/18/08 at 2:45 PM, the administrator acknowledged there was no assessment completed for resident R1. Refer to 7.8.2.22 A. (3) Within 30 days of admission: (e) A completed and current individual service plan. Based on record review and interview the facility failed to have a completed individual service plan (ISP) for 1 of 3 residents who had resided in the facility for more than 30 days (R1). The findings are: A. Record review on 6/17/08 revealed no ISP for resident R1 with a recorded admission date of 5/15/08. B. In an interview with the administrator on 6/18/08 at 2:45 PM, the administrator acknowledged there was no ISP completed for resident R1.	A22	<i>day of the month to insure compliance.</i> <i>7.8.2.22.A.3.e</i> <i>Individual Service plan will be completed by facility nurse within 30 days of admission. month audit will be completed by the executive director prior to the last day of the month to insure compliance.</i>	<i>7/11/08</i>
A35	7 NMAC 8.2.35 Custodial Drug Permit 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION:	A35		

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A35	<p>Continued From page 4</p> <p>Adult residential care facilities with one (1) resident are not required to have a custodial drug permit.</p> <p>A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee.</p> <p>(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.</p> <p>(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator.</p> <p>(4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names.</p> <p>(5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so.</p> <p>(6) The facility may not require the resident to purchase prescriptions from any</p>	A35		

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A35	Continued From page 6 unlocked and a cabinet in the room which contained 22 pharmacy blister packs of medications was observed to be unlocked. There was no facility staff observed in the room or within sight of the room. All of facilities' residents (100%) had easy access to the room at this time. B. In an interview with staff S33 on 6/13/08 at 7:46 AM, staff S33 accompanied the surveyor into the medication tech room and acknowledged the medication cabinet was unlocked and unattended.	A35	<i>residential Health facilities will be covered Annual review and training will be conducted by facility nurse or consultant pharmacist.</i>	
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.	A36		

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A36	<p>Continued From page 7</p> <p>D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.</p> <p>E. Medications prescribed for one resident shall not be used for another resident.</p> <p>F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:</p> <ol style="list-style-type: none"> (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. <p>G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.</p> <p>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:</p> <ol style="list-style-type: none"> (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 physician's instruction for a PRN medication shall include: <ol style="list-style-type: none"> (a) Symptoms that might indicate the 	A36		

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A36	<p>Continued From page 8</p> <p>use of the medication.</p> <p>(b) Exact dosage to be used.</p> <p>(c) The exact amount of medication to be used in a 24 hour period.</p> <p>(d) Directions as to what to do if the symptoms persist.</p> <p>(e) Possible interactions or side-effects that might occur.</p> <p>(f) Manufacturer's label information for directions if deemed adequate by the physician.</p> <p>I. The facility must report all medication errors to the physician.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 F. (1) Name of resident</p> <p>Based on record review and interview the facility failed to have the name of the resident on a document that recorded the administration of a medication. The findings are:</p> <p>A. Record review on 6/17/08 of a Nurse's Medication Notes document revealed Tylenol was administered 4 times in the month of May, 2006 for pain. There was no resident name on the document to identify which resident received the 4 doses of Tylenol.</p> <p>B. In an interview with the administrator on 6/18/08 at 2:40 PM, the administrator acknowledged the Nurse's Medication Notes document revealed Tylenol was administered 4 times in the month of May, 2006 for pain and there was no resident name on the document to</p>	A36	<p>7.8.2.36.f All medication records have been reviewed and are now compliant with all ten items under 7.8.2.36.f. as of 7/1/08 Facility Nurse reviewed & updated all medication records beginning 7.1.08 Facility Nurse will insure this is maintained with all additional medications. Consultant Pharmacist will review and bring to the attention of the executive director any deviation</p>	7/1/08

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A36	<p>Continued From page 10 in that order.</p> <p>B. Record review on 6/17/08 of the June, 2008 MAR for resident R2, revealed no initialed entries signifying Tylenol was administered, however a separate document labeled "Medication Notes" stated there was 1 dose of Tylenol administered on three different days (6/1/08, 6/2/08, and 6/3/08).</p> <p>C. Record review on 6/17/08 of the May, 2008 MAR for resident R1, revealed the blocks for initialed entries that signify the medication Protonix was administered had circles with no identifying initials as to who made the circled entries.</p> <p>D. In an interview with the administrator on 6/18/08 at 2:30 PM, the administrator acknowledged the deficiencies with the documents listed under A through C above.</p> <p>Refer to 7.8.2.36 F. (10) Name and Initials of Staff</p> <p>Based on record review and interview the facility failed to have the name of the staff assisting with medication on the Medication Administration Record (MAR) for 2 of 3 residents' charts reviewed (R1 & R3). The findings are:</p> <p>A. Record review on 6/17/08 of the June, 2008 MAR for resident R1 revealed staff S41 had initialed in the spaces signifying assistance with medication administration and there was no identifying name or signature on the MAR to identify staff S41's initials.</p>	A36	<p>7.8.2.36.F.10</p> <p>SEE ABOVE</p>	7/11/08	

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A36	Continued From page 11 B. Record review on 6/17/08 of the June, 2008 MAR for resident R3 revealed staff S41 had initialed in the spaces signifying assistance with medication administration and there was no identifying name or signature on the MAR to identify staff S41's initials. C. In an interview with the administrator on 6/18/08 at 2:30 PM, the administrator acknowledged staff S41 had initialed in the spaces on the June MAR's for residents R1 and R3 signifying assistance with medication administration and there was no identifying name or signature on the MAR to identify staff S41's initials.	A36		
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.66 RELATED REGULATIONS AND CODES: 7.1.9 CAREGIVERS CRIMINAL HISTORY	A66	7.8.2.66 All staff records have been reviewed to insure CCHSP requirements are current. At hire all new employees will be fingerprinted by designated staff member and information will be sent off to CCHSP prior to the 20th day of employment. Monthly audit will be completed by Executive Director prior to the end of the month to insure compliance.	7/11/08

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A66	<p>Continued From page 12</p> <p>SCREENING REQUIREMENTS (effective date: 1/6/06)</p> <p>Refer to 7.1.9.8 F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>Based on record review and interview the facility failed to submit all fees and pertinent application information to the Caregiver Criminal History Screening (CCHS) program within 20 calendar days for 1 of 3 staff hired after the effective date of this ruling (S43). The findings are:</p> <p>A. Record review on 6/16/08 revealed staff S43 was hired on 1/30/08 and the facility did not send fingerprinting, application and fees to the CCHS program for staff S43 until 4/10/08 (71 days).</p> <p>B. In an interview with the administrator on 6/16/08 at 1:12 PM, the administrator acknowledged the fingerprinting, application and fees were not sent to the CCHS program until 71 days after the date of hire for staff 43.</p>	A66		