STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2260	A. BUILDING: _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUENA VISTA SENIOR CARE	8505 RANCHO SANTA FE PLACE NE ALBUQUERQUE, NM 87113

(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
8 000	Initial Comments The following deficiency was cited during a complaint survey conducted on 12/02/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Census: [redacted] Complaint Intake NM [redacted] was investigated and deficiencies were not cited.	8 000		
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. 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 from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of	8 035		

Division of Health Improvement
Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 3/1/2025

STATE FORM 6899 C1YZ11

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8 035	Continued From page 1 medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the	8 035		

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8 035	Continued From page 2 resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.	8 035		

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8 035	Continued From page 3 J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 G (3) (4) (5) Based on record review and interviews, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident that medications listed on the Medication Administrative Record (MAR) contained: 1. The name of the resident's PCP or the	8 035		

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8 035	Continued From page 4 prescriber of the medication. 2. The name of the medication, including the drug product brand name and the generic name. 3. The reason for the medication. These deficient practices could likely result in the [redacted] (R #s [redacted] residents listed on the resident census provided by the Administrator on 11/13/24, to be at risk of illness, harm, or death if : 1. Medication errors occur if both brand and generic names are not listed on the MAR when the medication label on the pharmacy container has a different name than what is listed on the MAR. 2. If medication concerns occur, facility staff must be able to identify who (PCP) prescribed the medication in order for staff to know who to contact regarding medication concerns. 3. If the reason for the medication is not provided, adverse effects or contraindicated results can be difficult to identify if medical complications arise for the resident. The findings are: A. Record review of R #1's August 2024 MAR revealed the following medications did not include the name of the prescriber (PCP) of the medication, the generic name brand and the reason for prescription: 1. [redacted] 2. [redacted] 3. [redacted] 4. [redacted]	8 035	All monthly MARs being delivered by bvsc's contracted pharmacy, New Scripts and any other delivered MAR as of January 1, 2025, will be inspected by H.M. on or before the first of each month to include the name of prescriber for all medications as well as the reason for medication prescribed and generic name if appropriate. This will be monitored by the H.M. with a new monthly tracking log "Monthly Ck List Compliance Form" to ensure ongoing compliance for all residents per "Buena Bista Facility Rules and Regulations" and NMACC are met.	1/01/2025

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8 035	Continued From page 5 [redacted] 5. [redacted] 6. [redacted] 7. [redacted] 8. [redacted] 9. [redacted] 10. [redacted] 11. [redacted] 12. [redacted] B. On 11/22/24 at 1:30 pm during an interview, the house manager confirmed R #1's MAR lacked the name of the prescriber (PCP) of the medication, the generic name brand and the reason for prescription.	8 035	The H.M. will ensure all delivered MAR's whether its BVSC's contracted pharmacy or others will include name of pharmacy, resident name and diagnosis. Also, physician prescriber, reason for all medications and generic name if necessary, with instruction for each resident. The MARS will also include Rx number (to be compared to actual medication on hand) This will be monitored by HM and Administrator using the "monthly Check for Compliance" form each month as we now have implemented this form to adhere to BVSC Facility policy and procedures and NMACC guidelines	1/1/2025