

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 10/24/2024
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NAME OF PROVIDER OR SUPPLIER  LIFE SPIRE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120
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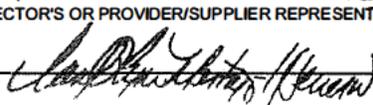
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(A 000)	Initial Comments  Deficiencies were cited during an onsite Revisit/Follow-up survey completed on 10/24/24 for the state requirements of 8.370.14 NMAC, Regulations for Assisted Living for Adults.  Census: [REDACTED]	(A 000)		10/24/24
(A 035)	7 NMAC 8.2.35 Medication  MEDICATIONS: 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 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	(A 035)	A035 Life Spire Managers will complete a log of all medications dropped off by family members and reconcile together at the time of drop off at the facility to assure the proper medication and dose has been delivered by the family, especially OTC and is being dispensed to resident according to Dr. order. Manager is to match and check that all family delivered medications match the Dr. order. If a OTC medication has been delivered to a resident at the wrong dose the PCP will be notified and an incident report filed. After consulting with family to obtain written Dr. orders if there is no resolution, the family will be required to give the medication and Life Spire will not assist with delivery of medications that do not have a Dr. order on file.	

Division of Health Improvement  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



12/06/2024

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{A 035}	<p>Continued From page 1</p> <p>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.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.</p> <p>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.</p> <p>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.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>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:</p> <p>(1) the resident's name;</p> <p>(2) any known allergies to medication that the resident has;</p> <p>(3) the name of the resident's PCP or the prescriber of the medication;</p> <p>(4) the diagnosis or reason for the medication;</p>	{A 035}		

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{A 035}	<p>Continued From page 2</p> <p>(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.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>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,</p>	{A 035}		
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{A 035}	<p>Continued From page 3</p> <p>emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) the resident's name;</li> <li>(2) the name of the medication;</li> <li>(3) the date that the prescription was issued;</li> <li>(4) the prescribed dosage and the instructions for administration of the medication; and</li> <li>(5) the name and title of the prescriber.</li> </ol> <p>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.</p> <p>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.</p> <p>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 (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (20) and M</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R [REDACTED]) of 2 (R #s [REDACTED]) residents whose resident files, including the Physician orders and Medication Administration Records (MARs), were reviewed for compliance</p>	{A 035}		
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{A 035}	<p>Continued From page 4</p> <p>that all medications were given as prescribed and that medication errors were:</p> <ol style="list-style-type: none"> <li>1. Listed on the MAR.</li> <li>2. Reported to the resident's Primary Care Physician (PCP).</li> <li>3. Documented in the resident's file.</li> </ol> <p>These deficient practices could likely result in harm to the resident if:</p> <ol style="list-style-type: none"> <li>1. Residents did not receive the proper dosage prescribed by the resident's PCP.</li> <li>2. Direct Care Staff (DCS) who assist with medications knowingly provided the incorrect dosage to the resident.</li> <li>3. The PCP was unaware that their patient had sustained (suffered) a medication error.</li> </ol> <p>The findings are:</p> <p>A. Record review of R [REDACTED]'s file, revealed a physician's order dated 09/18/24 for [REDACTED] [REDACTED] [REDACTED]</p> <p>B. Record review of R [REDACTED] MAR, dated 10/01/24 through 10/22/24, revealed that [REDACTED] was provided to R [REDACTED] daily, from 10/01/24 through 10/22/24.</p> <p>C. On 10/22/24 at 2:45 pm, during an observation of the medication cart, revealed a bottle of [REDACTED] per tab for R [REDACTED]</p> <p>D. On 10/22/24 at 2:45 pm, during an interview with both the Operations Manager (OM) and the House Manager (HM), they confirmed the following:</p> <ol style="list-style-type: none"> <li>1. Facility staff had knowingly been giving [REDACTED] to R [REDACTED] instead of the prescribed dosage of [REDACTED]</li> </ol>	{A 035}		
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{A 035}	Continued From page 5  from 10/01/24 through 10/22/24 daily, because the family had brought in the wrong dosage of the medication. 2. DCS knowingly provided the wrong dosage and did not record the medication error (incorrect dosage) on the MAR. 3. PCP had not been notified of the medication error (incorrect dosage).	{A 035}		
{A 065}	7 NMAC 8.2.65 Fire Drills  FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: 7.8.2.65 A	{A 065}	A064 Life Spire Manager and Safety Committee will assure that drills are completed one time per month and alternating during all three shifts. Each quarter will have 4 drills compromised of 1 in the am, 1 in the pm and 1 in the night shift with the 4th being an additional drill with use of the fire alarm sys committee will check to assure that drills are being completed as noted above one time a month and keep record of the safety committee audits in her file.	11/01/24

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{A 065}	<p>Continued From page 6</p> <p>Based on record review and interview, the facility failed to ensure the monthly fire drills have one (1) documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.</p> <p>This deficient practice could likely result in the (R #s █████ residents identified on the census, provided by the Administrative Assistant on 10/21/24, at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building.</p> <p>The findings are:</p> <p>A. Record review of the facility staff census list/shift schedule, revealed the following shift schedule:</p> <ol style="list-style-type: none"> <li>1. Morning shift: 7:00 am to 3:00 pm</li> <li>2. Middle (Mid) Shift: 3:00 pm to 11:00 pm</li> <li>3. Graveyard Shift: 11:00 pm to 8:00 am</li> </ol> <p>B. Record review of fire drill logs from 05/21/24 through 09/06/24 revealed the fire drill training was only performed on the morning shift as follows:</p> <ol style="list-style-type: none"> <li>1. On 05/21/24 at 11:20 am</li> <li>2. On 06/14/24 at 9:35 am</li> <li>3. On 07/19/24 at 10:00 am</li> <li>4. On 08/08/24 at 9:51 am</li> <li>5. On 09/06/24 at 11:00 am</li> </ol> <p>C. On 10/22/24 at 2:55 pm, during an interview, the Administrative Assistant confirmed the fire drills from 05/21/24 through 09/06/24 only happened during the morning shift and fire drills did not occur during mid shift or the graveyard shifts.</p>	{A 065}		
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