

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1st Original</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2009	
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
(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
A21	<p>7 NMAC 8.2.21 Admission Records</p> <p>7.8.2.21 ADMISSION RECORDS:</p> <p>A. In addition to the resident record requirements, the facility must maintain for each resident, the following:</p> <p>B. The resident's written acknowledgement that the facility, prior to or at the time of admission, provided the resident with, and answered any resident questions regarding:</p> <ol style="list-style-type: none"> (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. Such law includes: Uniform Health Care Decisions Act, Section 24-7A-1 et. seq., NMSA 1978, as amended; New Mexico Durable Power of Attorney for Health Care Decisions, Section 45-5-501, et. seq., NMSA 1978, as amended; New Mexico Living Will and Declaration under the Right to Die Act Section 24-7-1 et seq., NMSA 1978, as amended. [4-7-97, 7.8.2.21 NMAC - Rn, 7 NMAC 8.2.21, 8-31-00] <p>This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.21 B. The resident's written acknowledgement . . . prior to or at time of admission, provided with . . .</p> <p>Based on record review and interview the facility failed to have the resident's written acknowledgement that the resident received the following information prior to or at time of</p>	A21 <i>Scanned 3-13-09 JL</i>		

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

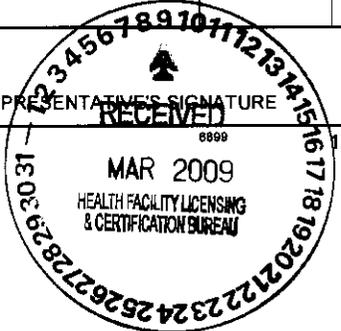
TITLE
Executive Director

(X6) DATE
3-4-09

STATE FORM

X9111

If continuation sheet 1 of 11



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A21	Continued From page 1 admission for 1 of 4 residents. (R2) (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement . . . (4) The facility's bed hold policy. (5) Information about the resident's right . . . The findings are: A) Review of resident R2's records on 2/16/09 revealed only a blank acknowledgement form that the resident received the above listed information prior to or at time of admission. B) In an interview with the administrator and the facility's nurse on 2/18/09 at 10:00 a m, the administrator and the facility's nurse both acknowledged the facility did not have the resident's written acknowledgement that the resident received the above listed information prior to or at time of admission.	A21	A 21 Will have form signed by POA. Director or person admitting new residents will have all forms signed prior to admission of new residents. A quarterly review will be done using a chart checklist which will include verification for signatures on all appropriate documents.	3-17-09
A27	7 NMAC 8.2.27 Individual Services Plan 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided.	A27		

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A27	Continued From page 2 (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.27 A. The individual service plan must be reviewed by a licensed nurse at least every six (6) months . . . Based on record review and interview the facility failed to have the Individual Service Plan (ISP) reviewed at least every 6 months by a licensed nurse for 4 of 4 residents. (R1, R2, R3, & R4) The findings are: A) Record review on 2/16/09 of the ISPs for residents R1, R2, R3 and R4 revealed only the following dates with the nurse's signature: 1) 11/29/07 and 11/24/08 for resident R1, 2) 10/17/07 and 10/30/08 for resident R2, 3) 10/9/07 for resident R3, and 4) 11/27/06 and 11/24/08 for resident R4. B) In an interview with the administrator and the facility's nurse on 2/18/09 at 10:00 a m, the administrator and the facility's nurse both acknowledged the ISPs for residents R1, R2, R3 and R4 had not been reviewed at least every 6 months by a licensed nurse.	A27	A27 All Service plans will be reviewed at least every 6 months by a licensed professional. The facility will no longer allow a CNA to be responsible for reviewing the Service plans.	2-18-09

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A35	Continued From page 3	A35		
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: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. 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. (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. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (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. (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'	A35		

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A35	Continued From page 4 names. (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. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697	A35		

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A35	Continued From page 5 Refer to 7.8.2.35 A. PROCUREMENT . . . facility shall provide assistance to the resident in obtaining the necessary medications . . . Based on record review and interview the facility failed to provide assistance to a resident in obtaining a Physician prescribed medication for 1 of 4 residents (R1). The findings are: A) Review of resident R1's records on 2/16/09 revealed physician orders for Eucerin Cream, apply to legs and feet once a day. Review of resident R1's January, 2009 MAR, revealed the resident was out the over the counter medication for the full month of January, 2009. B) In an interview with the administrator and the facility's nurse on 2/17/09 at 1:15 p m, the administrator and the facility's nurse both acknowledged the facility failed to reorder the Eucerin Cream for resident R1 for the complete month of January, 2009.	A35	A35 Facility nurse or Med Tech will do a weekly audit of the MAR's to ensure residents' medications are ordered as prescribed by the physician, and will document each audit.	3-17-09
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	A36		

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A36	Continued From page 6 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 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	A36		

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A36	Continued From page 7 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 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: Surveyor: 22697 Refer to 7.8.2.36 F. . . . Medication Administration Record (MAR) . . . (10) The name and initials of all staff . . . Based on record review and interview the facility failed to have the names of staff assisting with medication administration on the MAR for 4 of 4 residents (R1, R2, R3, and R4). The findings are:	A36		

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A36	Continued From page 8 A) Review on 2/17/09 of the January and February, 2009 MAR for resident R1, R2, R3, and R4 revealed staff S51 and S48 did not have their identifying names on the MAR and their initials were on the MAR signifying they had assisted residents R1, R2, R3, and R4 with medications. B) In an interview on 2/17/09 with the administrator at 1:10 p m, the administrator acknowledged that staff S51 and S48 did not have their identifying names on the January and February, 2009 MAR for residents R1, R2, R3, and R4. C) In an interview with staff S61 on 2/17/09 at 1:52 p m, staff S61 acknowledged that staff S51 and S48 did not have their identifying names on the January and February, 2009 MAR for residents R1, R2, R3, and R4.	A36	A36 Director or facility Nurse will check MARS at the beginning of each new month to make sure all med Techs have signed the back of the monthly MARS. All new med Techs will be required to have their identifying names on the MARS before being allowed to sign off on medication. A check off verification form will be used for this process.	3-1-09
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	A38		

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A38	<p>Continued From page 9</p> <p>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.</p> <p>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, and labeled. Unused leftover food shall be discarded after three days.</p> <p>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.</p> <p>G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions.</p> <p>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.</p> <p>[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]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.38 C. Potentially hazardous food . . . shall be kept at 45° F or below or at 140° F or above.</p>	A38		

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A38	Continued From page 10 Based on observation and interview the facility failed to keep potentially hazardous food at 45° F or below or at 140° F or above for 13 of 13 residents (R1 through R13). The findings are: A) During tour of the facility kitchen on 2/17/09 at 7:55 a m, two stainless steel containers with lids were observed in the kitchen. One contained cooked bacon strips, eggs, and sausages. The other contained cooked pancakes. Nether of the containers were on a warmer of any kind. At 8:08 a m, staff S43 was observed preparing 12 individual plates for the residents' breakfast. Staff S43 starting serving the plates at 8:13 a m and the temperature of the foods were taken at that time which revealed the following: the bacon strips, eggs, and sausages were 90°F and the pancakes were 80°F. After staff S43 served the 12 residents, she then made a thirteenth plate for a resident that arrived late. Staff S43 did not reheat any of the prepared plates. B) In an interview with staff S43 on 2/17/09 at 8:13 a m, staff S43 acknowledged the temperature readings for the bacon strips, eggs, and sausages were 90°F and the pancakes were 80°F.	A38	A 38 Food will be kept on the warmer, or re-heated prior to being served. Each plate will be prepared, and served individually to prevent the food from getting cold, and becoming contaminated	2-18-09