

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1st Original</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2009	
NAME OF PROVIDER OR SUPPLIER COTTONBLOOM ASSISTED LIVING COMMUNI		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005		
(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
A35	<p>7 NMAC 8.2.35 Custodial Drug Permit</p> <p>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.</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>	A35	<p><i>Scanned 8/1/09 M</i></p> 	

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

STATE FORM

8898

8BGW11

TITLE *administrator*

(X6) DATE

Edgar Juty

8-6-09

If continuation sheet 1 of 6

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A35	Continued From page 1 (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 Refer to 7.8.2.35 A. (5) A resident may be	A35	A 35—7.8.2.35 A. (5) PROCUREMENT, LABELING, AND STORAGE: (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. <i>Correction:</i> Per our policy we require a physician's order for any resident to self-administer their own medications. Every 90 days residents who self-administer their medications are assessed to insure they are capable of storing and to continue self-administering their own medications. The described resident's medication will be kept in a secure place in accordance with the requirements and a separate locked compartment will be kept in the described resident's refrigerator to store medications.	8-17-09

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A35	Continued From page 2 permitted to keep his/her own medication in a secure place in his/her room . . . Based on observation and interview the facility failed to have medications in a secure place in 1 resident's room (R5). This deficient practice has the potential to affect 100 % of the residents, staff, and visitors at the facility. The findings are: A. In an interview with staff S57 on 7/21/09 at 11:48 a m, staff S57 acknowledged resident R5 keeps insulin in the refrigerator of the resident's room. Staff S57 further acknowledged resident R5 was presently in the dining room for lunch and resident R5 locks his room when not there. C. Tour of the facility on 7/21/09 at 11:52 a m, room 123 where resident R5 resides was unlocked, the resident was not in his room, the refrigerator had no locking mechanism, and observation of the refrigerator revealed the following: 1. One cup labeled Breakfast A 12 units Humalog containing 10 unlabeled pre-filled syringes. 2. One cup labeled Breakfast B 30 units Humalin N containing 6 unlabeled pre-filled syringes. 3. One cup labeled Lunch 10 units Humalog containing 10 unlabeled pre-filled syringes. 4. One cup labeled Supper 10 units Humalog containing 10 unlabeled pre-filled syringes. 5. One cup labeled Bedtime 40 units Humalin N containing 3 unlabeled pre-filled syringes. This is a total of 39 pre-filled syringes that all residents, staff, and visitors had access to.	A35		
A36	7 NMAC 8.2.36 Medications 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications	A36		

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A36	<p>Continued From page 3</p> <p>provided and documented in accordance with state and federal laws.</p> <p>A. Licensed health care professionals are responsible for the administration of medications.</p> <p>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.</p> <p>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.</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 	A36		

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A36	Continued From page 4 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 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	A36		

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A36	<p>Continued From page 5</p> <p>8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.36 G. Any medications removed from the pharmacy container . . . must be given immediately . . .</p> <p>Based on observation, interview, and record review the facility failed to insure insulin was administered immediately after removal from the pharmacy container for 1 diabetic resident (R5). The findings are:</p> <p>A. Record review on 7/21/09 revealed Physician's orders dated March 1, 2009 which read, "Home Health to assist with insulin injection - prefill [sic]. Insulin Syringes - Resident is able to self inject insulin."</p> <p>B. In an interview with staff S57 on 7/21/09 at 11:48 a m, staff S57 acknowledged the Home Health Agency pre-fills syringes for resident R5.</p> <p>C. Observation of the refrigerator in room 123 where resident R5 resides on 7/21/09 at 11:52 a m, revealed the following:</p> <ol style="list-style-type: none"> 1. One cup labeled Breakfast A 12 units Humalog containing 10 unlabeled pre-filled syringes. 2. One cup labeled Breakfast B 30 units Humalin N containing 6 unlabeled pre-filled syringes. 3. One cup labeled Lunch 10 units Humalog containing 10 unlabeled pre-filled syringes. 4. One cup labeled Supper 10 units Humalog containing 10 unlabeled pre-filled syringes. 5. One cup labeled Bedtime 40 units Humalin N containing 3 unlabeled pre-filled syringes. <p>This is a total of 39 pre-filled syringes.</p>	A36	<p>A 36—MEDICATIONS: 7.8.2.36 G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.</p> <p><i>Correction:</i> Home Health Agency will no longer be allowed to pre-fill syringes for any resident. Pharmacy will provide Flex Pen (pre-filled syringe) and Home Health Agency will provide resident with adequate training on how to use the Flex Pen.</p> <p>Pharmacy will provide Flex Pen (pre-filled syringe) for described resident. Resident will receive adequate training from Home Health Agency on how to use the Flex Pen and proper storage of them in a locked compartment.</p>	8-17-09