


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1<sup>st</sup> Original</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5831</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WESTWIND HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121</b>		
(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
A 000	Initial Comments  The following deficiencies are the result of a complaint survey completed on 12/01/10 for the requirements of NMAC 7.8.2, regulations governing New Mexico for Assisted Living Facilities. Complaint #27364 was investigated and found to be substantiated for NMAC 7.8.2.31 A.	A 000  <i>EL Scanned 03-02-11</i>		
A 031	7 NMAC 8.2.31 Handling of Emergencies  <b>HANDLING OF EMERGENCIES:</b> A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]	A 031	<div style="text-align: center;">  </div>	

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

STATE FORM

*Hanna R. DeWitt*

TITLE  
*Administrator*

(X6) DATE  
*2-17-11*

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A 031	Continued From page 1  This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.31 A. . . . Each resident or representative shall also designate a concerned person to be called in case of an emergency.  Based on record review and interview, the facility failed to contact the designated contact (court appointed guardian) for 1 of 1 resident that required transport to a hospital emergency room (#1). This deficient practice has the potential to affect residents with guardians for health care decisions. The findings are:  A). Record review revealed the following: 1. A court order from the State of New Mexico, County of Bernalillo, 2nd Judicial District, dated December 10, 2008 appointing a guardian for resident #1. 2. A signed contract between the facility administrator and the guardian dated December 12, 2008 stating the facility agrees to notify the guardian immediately if resident #1 had (has) issues with "Changes in health, Changes in behavior, Injuries, Illnesses . . ." 3. Page one of an incident report dated 11/01/09, time of day listed as 7:30 pm, and signed by staff #20 stating, "Resident was short of breath and told RCA [staff #20] she had been feeling like that all day. RCA [staff #20] called non-emergency who [sic] then took her [resident #1] to the hospital." 4. Page two of an incident report dated 11/02/09, time of day listed as 10:20 am, and signed by the Care Coordinator stating, "[Name of Guardian] notified about incident." This was over 14 hours after the incident.	A 031		

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A 031	Continued From page 2  B). In an interview with the Care Coordinator on 12/01/10 at 2:39 pm, the Care Coordinator acknowledged the guardian for resident #1 was not notified about the incident involving the change in health of resident #1 until the next day.	A 031	<p>All Staff will be Inserviced on policies and Procedures in the event of illness, injuries, any changes of health or if resident requires transport to a Hospital. must contact the designated contact immediately.</p> <p>The administrator and Care Coordinator asked staff to report any incidents to us to assure compliance is maintained.</p> <p>Completion 2/17/11</p>	