Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING _____ B. WING _____	09/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(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
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract 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. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein.	A19	ED Scanned 10-19-09 RECEIVED OCT 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Laura M Durante — TITLE Administrator — (X6) DATE 10-7-09

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

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A19	Continued From page 1 (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others. (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker. (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs	A19		

Maria A Duarte

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A19	Continued From page 2 and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced by: Refers to 7.8.2.19(C)(2)(a) - Careplan addressing specific resident needs Based on observation, record reviews and interviews, the facility failed to develop, coordinate and approve a current individual service plan that meets the specific individual health needs of the resident and the manner that such needs will be met as required for 1 high acuity bedbound resident receiving concurrent services from the licensed facility and an outside nursing agency (Resident #1). The findings are: A. Observation of Resident #1 during the course of survey yielded the following: On 9/14/09	A19		

Yvonne R Duarte

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A19	Continued From page 3 during a tour of the facility, Resident #1 was seen laying in bed on her back in bed. B. On 9/15/09 at 11:10 AM during review of notes dated April 23, 2008 no specific information could be found as to which entity would be monitoring Resident #1 for skin integrity, hydration status, and as needed medications. Similarly, no updated notes or meeting documentation was provided by the facility to show that the declining status of the resident had been considered due to severe Peripheral Vascular Disease diagnosis and how need changed significantly since that time as to what medical/facility interventions would need to be done for the continued care of Resident #1. C. On 9/15/09 at 11:10 AM review of facility records revealed that existing careplan did not address which entity would be responsible for ensuring specifically which care tasks were needed, which were done, when they would be done and how it would be documented to show that they had been done for Resident #1. D. On 9/15/09 at 11:45 AM during interview with the Administrator, she acknowledged that all care issues need to be addressed via careplanning with all entities involved.	A19	7 NMAC 8.2.19 ADMISSIONS 1. The existing service plan for R1 has addressed areas of care and responsibility for assuring care is given and the appropriate agency is notified as needed to meet the needs of the resident. 2. It is necessary to have accurate and current service plans to identify needs of the resident to assure that appropriate care and observation is provided to meet the needs of the resident. 3. The administrator shall maintain compliance by periodically checking that service plans are updated every 6 months and as resident needs change. 4. Date of Completion is 10/1/09	
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	A35		

E/Maria M Durante

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A35	Continued From page 4	A35		

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' 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

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A35	Continued From page 5 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: Refer to 7.8.2.35A - Procurement, labelling and storage Based on observation and interview, the facility failed to ensure that medications were labelled and strored in compliance with state and federal laws for 1 Resident dependent on insulin shots. (Resident# x) The findings are: A. On 9/14/09 during observation of Resident X's	A35		

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A35	Continued From page 6 insulin vials, it was noted that 2 distinct types of insulin (Levimir and Humulin R 100) were pre-drawn up into 31 syringes. B. On 9/14/09 during interview with the Administrator and outside agency nurse, both acknowledged that the syringes were predrawn, unlabelled and stored outside the pharmacy insulin vial and that all of those practices should not have been happening. Refer to 7.8.2.35(B)(1) - Consulting Pharmacy Based on record reviews and interview, the facility failed to ensure that issues reported in the most recent pharmacy reports were documented as having been followed up on as they relate to resident medications medication charting, physician's orders on file, labwork and treatments for 100% of the resident population. This has the potential to negatively impact 100% of the resident population as it relates to resident's individual medication regimens. The findings are: A. On 9/14/09 and 9/15/09 during review of the Medication Regimen Review conducted on 5/09, two (2) pages full of recommendations were printed regard issues related to resident medications and eight (8) pages full of lab order suggestions for residents based on medications being taken were given to the facility as part of the Consultant Pharmacists quarterly Medication Regimen Review report. B. On 9/14/09 and 9/15/09 during review of paperwork, it was noted that there was no documented followup on any of the 10 pages of issues reported regarding residents medications	A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 1. There shall be no predrawn insulin on the premises if not in an insulin pen. 2. Having predrawn insulin could effect the health and safety of residents. 3. The administrator shall inform all insulin diabetic residents and families now and I the future that predrawn insulin is not permitted. 4. Date of Completion is 10/15/09	

Yl/aura n Durante

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A35	Continued From page 7 medication charting, physician's orders on file, labwork and treatments. C. On 9/15/09 during interview with the Administrator and Coordinator, both acknowledged that there was no documentation regarding this matter.	A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 1. Notation on the pharmacy review shall be made as to the date and resolution of the situation. Lab results shall be obtained as often as possible to maintain in the resident charts 2. It is necessary to follow up on pharmacy recommendations to promote the safety and well being of all residents. 3. The administrator shall oversee that the coordinator is noting the date and resolution status on each pharmacy review. 4. Date of Completion is 10/15/09	
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 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	A36		

Yvonne A Durante

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A36	Continued From page 8	A36		

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 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

Mona A Duarte

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A36	Continued From page 9 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: Refer to 7.8.2.36(B) - Administration of Medications - Medications will be administered in accordance with state and federal laws. Based on record review and interview, the facility failed to ensure that evasive medication administration was conducted by licensed personnel for 2 facility resident (Resident #3 and Resident #4). The findings are: A. On 9/14/09 during review of records for Resident #3 and Resident #4, it was noted that these residents were diagnosed with Insulin Dependent Diabetes Mellitus (IDDM) and required insulin injections as part of their medication regimen. C. On 9/14/09 during interview with the Administrator, she admitted that she was aware that unlicensed direct care staff who were trained only to assist wth medications were actually administering medications and conducting evasive medication administrations in the facility.	A36	7 NMAC 8.2.36 MEDICATIONS 1. R3 moved out of the facility to a higher level of care and R4's family has an attached letter stating that they shall take full responsibility for insulin administration. 2. It is important for all non licensed staff to understand that assisting with invasive medications is not permitted nor is medication administration to protect the safety of all residents. 3. The administrator shall inform all insulin dependent diabetics that the staff may not participate in the administration or set up of any insulin. And that "insulin may not be drawn up into syringes prior to immediate use unless it is in an insulin pen", per Ben at the State Board of Pharmacy. 4. Date of Completion 9/15/09	

Maria R Duarte

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A36	Continued From page 10 Refer to 7.8.2.36F - Medication Administration Record Based on record review and interview, the facility failed to ensure all required written documentation regarding residents medication was documented in the Medication Administration Record as required for 1 resident of the facility. The findings are: A. On 9/14/09 during review of the Medication Administration Record for Resident #2, it was noted that there were blanks (holes in the MAR) for February 2009. Specific holes in the Medication Administration Record included holes on 2/20/09 for prescribed doses of Toprol (blood pressure), Linsinopril (blood pressure), (Mirtazapine (depression). There were also holes on 2/15/09, 2/16/09, and 2/28/09 for Resident #2's Metformin (Diabetes) and holes on 2/3-2/6/09 for Glipizide (Diabetes). The notation side of the MAR had no notations as to the reasoning behind the holes in the MAR. B. On 9/14/09 during interview with the Administrator, she confirmed that there were holes in the MAR and no notations for the above Resident. Refer to 7.8.2.36(C) - Medications - Failure to follow Physician Orders Based on observation, record review and interview the facility failed to follow physician orders for 1 residents with a diagnosis of Diabetes Mellitus (Resident #2).	A36	7 NMAC 8.2.36 MEDICATIONS A-C 1. Documentation on the MAR shall occur at the time of assisting with medications. 2. By charting on the MAR as meds are taken, this assures resident safety and decreases the chance of a medication error. 3. The MAR shall be checked frequently by the administrator to assure that all staff are initialing the MAR at the time they are assisting with medications. 4. Date of Completion 9/16/09	

Mirna R Duarte

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A36	Continued From page 11 The findings are: A. On 9/14/09 at 1:00 PM during review of the Medication Administration Record (MAR) for 2/2009, Resident #2's blood glucose check 2 hours after mealtime was not documented as having been done. B. On 9/14/09 at 1:05 PM during review of the Medication Administration Record (MAR), it was noted that Resident #2's blood glucose check 2 hours after mealtime could not be done because the Resident's blood glucose test strips had not been procured. C. 9/14/09 at 1:07 PM during interview with the Administrator, she stated that sometimes due to ordering and procurement issues, residents of the facility go without needed medications and supplies.	A36	7 NMAC 8.2.36 MEDICATIONS 1. R2 has been seen by his doctor and all medications and test strips are being delivered by Albuquerque Pharmacy so that timely delivery and medication assistance may be given to the resident as ordered. 2. It is necessary for all residents to receive treatment and medications as ordered by the doctor to promote their health and well being. 3. The administrator and coordinator shall frequently check to assure that all residents have meds on site and that all refills are ordered in a timely manner to assure continuity of medication assistance. 4. Date of Completion 10/1/09	
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00]	A66		

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(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
A66	Continued From page 12 This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.1.9.8 - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - All applicants to whom an offer of employment is made must consent to a nationwide and statewide screening. Based on record review and interview, the facility failed to have documentation that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 2 employee files (Employee #1 and Employee #2). The findings are: A. On 9/15/09 at 11:30 AM during review of employee records, it was noted that one (2) direct care staff did not have on file a CCHS screening on file subsequent to hire within the required timeframes or documentation of a full or partial Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframes. Hire dates for Employee #1 was 4/1/03 with a previous hire date of 12/9/06 and Employee #2 with a hire date of 3/8/09. B. On 9/15/09 at 12:00 PM during an interview with the Administrator, she acknowledged the matter and stated that she understood the problem. Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry prior to	A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 1. Both Employee #1 and Employee #2 have had their fingerprinting completed and submission for CCHS. No report has returned to the facility as of this date. 2. It is necessary to comply with the existing regulations for Criminal Background Screening for caregivers to protect the safety of the residents. 3. The administrator shall follow up with the CCHS department with periodic phone calls for the status of Employee #1 and Employee #2 paperwork. Once the clearance letters arrive, they shall be placed in the employee file. Compliance with this regulation shall be met by the administrator for future staff. 4. Date of Completion 10/15/09	

Mara K Durante

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING _____ B. WING _____	09/15/2009

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A66	Continued From page 13 offer of employment to applicants. Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR)database was checked prior to offer of employment for 1 direct care staff (Employee #1 and Employee #2). The findings are: A. On On 9/15/09 at 11:30 AM during review of the employee files it was noted the following was missing: Employee #1 with a hire date of 12/9/06 and Employee #2 with a hire date of 3/8/09 did not have written documentation in the files of search on the EAR database using the individual's identifying information PRIOR to offer of employment B. On 9/15/09 at 12:00 PM during an interview with the Administrator, she acknowledged the matter and stated that she understood the problem.	A66	7 NMAC 8.2.66 RELATED REGULATIONS AND CODES 1. The Abuse, Neglect and Exploitation Registry has been called on both Employee #1 and Employee #2 as of 10/4/09. 2. All staff are to be cleared by the registry to protect the safety of the residents. 3. The administrator shall comply with this regulation for all future employees. 4. Date of Completion 10/4/09	

Maria R Duarte