

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>5873</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/20/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ARISTOCRAT OF ALAMOGORDO II (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310</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
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 2/15/10</i></p> <p>RECEIVED FEB 12 2010 HEALTH FACILITY LICENSING &amp; CERTIFICATION BUREAU</p>	

Division of Health Improvement

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

*Jeanne Gonzales, Director* TITLE (X6) DATE  
**2-8-10**

STATE FORM

6899

F4FW11

If continuation sheet 1 of 3

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A35	<p>Continued From page 1</p> <p>(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.</p> <p>(6) The facility may not require the resident to purchase prescriptions from any particular pharmacy.</p> <p>(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.</p> <p>B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following:</p> <p>(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.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(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.</p> <p>[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]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.35 B. (1) Reviews the medication</p>	A35		

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A35	Continued From page 2 regimen . . . at least quarterly (every 3 months)  Based on record review and interview the facility failed to have the medication regimen reviewed quarterly by the consulting Pharmacist. The findings are:  A) Record review on 1/20/10 revealed the medication regimen was last review by the Consulting Pharmacist on 8/25/09 (5 months ago).  B) In an interview with the administrator on 1/20/10 at 3:00 p m, the administrator acknowledged the medication regimen was last reviewed by the Consulting Pharmacist on 8/25/09.	A35	The facility will have the Consulting Pharmacist review the medication regimen as soon as possible, and every 3 months thereafter, with documentation regarding the visit.	2-8-10