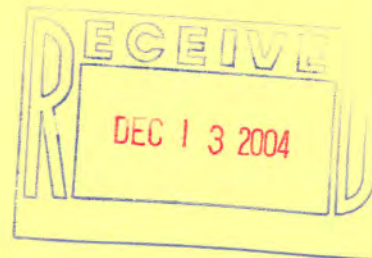


Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2004
NAME OF PROVIDER OR SUPPLIER WESTWIND HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
A22	7 NMAC 8.2.22 RESIDENT RECORDS 7.8.2.22 RESIDENT RECORDS: A. RESIDENT RECORDS, CONTENTS: A record for each resident shall be maintained with specific information required. Entries in each resident's record shall be legible, dated, and authenticated by the signature of the person making the entry. Resident records must include: (1) Admission records as set out in Section 7.8.2.21 NMAC: (2) Within five (5) days of admission: (a) An executed admission agreement. (b) A completed resident assessment form. (c) Any available, admission physical examination report by a licensed health care professional, which may include all discharge information from another facility. When admission follows within thirty (30) days discharge from an acute care hospital, the hospital history and physical report, and the hospital discharge summary may serve as an admission physical. (d) Names, addresses, relationship, and phone numbers of family members, and where appropriate, guardians, agents, and any surrogate decision makers. (3) Within thirty (30) days of admission: (a) A admission physical examination report by a licensed health care professional if an examination report was not available within five (5) days of admission. (b) Resident's name, age, recent photograph, social security number, marital status, date of birth, sex, address prior to admission, religion (optional), personal physician, dentist, social history and designated representative or other emergency contact person, language spoken and understood, legal documentation relevant to commitment and/or guardianship status, present medications, and diet required.	A22		



Health Facility Licensing & Certification Bureau

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

TITLE
Administrator

(X6) DATE
12-9-04

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2004
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A22	Continued From page 1 (c) Any amendments to the admission agreement. (d) The current completed resident assessment form. (e) A completed and current individual service plan. (f) Entries by direct care staff, appropriate health care professionals, or others authorized to care for the resident. Entries shall be dated and signed by the person making the entry and shall include significant information related to the individual service plan. (g) Entries providing a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention, and entries reflecting appropriate follow-up. The maintenance of such written record in the resident record may be by copy of an incident/accident report, if the original incident/accident report is maintained elsewhere by the facility. (h) A medication record: Medications administered by licensed personnel and/or staff assisting with medications to include: listing all currently ordered medications by name, dosage, administration times; documenting by medication name, dosage, date, and time, each medication administered, with the initials of the individual who administered or assisted with the medication; documentation of errors, omissions, and side-effects of medications; and written consent by resident or guardian for staff to assisting with medications. (i) Date, time and progress note of health services provided by any contract agency. (j) Unless included in the admission agreement, a separate written agreement between the facility and the resident relating to	A22		

Health Facility Licensing & Certification Bureau

STATE FORM

6899

MJ4B11

If continuation sheet 2 of 10

Mama R Lopez

Administrator

12-9-04

Health Facility Licensing & Certification Bureau

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A22	Continued From page 2 the resident's funds, in accordance with the facility's policy and procedures. (k) Transfer forms completed, signed, and provided to accepting facility when resident is transferring to a hospital or another health care facility. (l) Documentation of disposition of the resident's personal effects and money or valuables deposited with the adult residential care facility, upon death or transfer. B. RESIDENT RECORDS, MAINTENANCE: (1) Resident records shall be maintained and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy for maintaining, and confidentiality of resident records, including the authorized release of resident records. (3) Resident records must be maintained by the facility against loss, destruction, and unauthorized use for a period of not less than three (3) years from the date of discharge. (4) There must be a policy and procedure in place for record retention in the event of facility closure. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 7.8.2.22 NMAC - Rn 7 NMAC 8.2.22, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20401 BASED ON PATIENT RECORD REVIEWS, IT WAS NOTED THAT 2 OF 36 RESIDENTS DID NOT HAVE PHOTOGRAPHS (C12 AND C14) TAKEN. THE FINDINGS ARE: A. DURING PATIENT RECORD REVIEW ON	A22		

Maria R Lopez

Administrator

12-9-04

Health Facility Licensing & Certification Bureau

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A22	Continued From page 3 10/21/04, IT WAS NOTED THAT THE FACILITY HAD NOT TAKEN PHOTOGRAPHS OF RESIDENTS C12 AND C14, ADMITTED ON 4/8/04 AND 8/2/04, RESPECTIVELY.	A22		
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	A35	1. Photographs are now taken and in the chart on both residents. 2. All resident charts have been audited and all have resident photos. 3. The Administrator will be sure that a photo is taken of all residents as part of the admission process. 4. Completion Date 11/09/04	

Health Facility Licensing & Certification Bureau

STATE FORM

6899

MJ4B11

If continuation sheet 4 of 10

Mama K Lopez

Administrator

12-9-04

Health Facility Licensing & Certification Bureau

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A35	Continued From page 4 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 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]	A35		

Mona R Luperin

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2004
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A35	Continued From page 5 This REQUIREMENT is not met as evidenced by: Surveyor: 20401 BASED ON OBSERVATION, THE FACILITY FAILED TO ENSURE THAT MEDICATIONS WERE PROPERLY STORED AND LABELED. THE FINDINGS ARE: A. ON 10/20/04 AT 11:45AM, IT WAS OBSERVED THAT THE REFRIGERATOR CONTAINING MEDICINES WAS NOT LOCKED, NOR WERE THE MEDICINES IN A LOCKED CONTAINER WITHIN THE REFRIGERATOR. B. ON 10/20/04 AT 1:15PM, IT WAS OBSERVED IN THE MEDICATION ROOM THAT ASA, ACETAMINEPHRINE 500MG EXPIRATION DATE 1/04, TUMS, MILK OF MAGNESIA WITH NO EXPIRATION DATE, GLUCOSE TABLETS, HAIRSPRAY AND HYDROGEN PEROXIDE WERE ALL TOGETHER ON ONE SHELF. SURVEYOR SUBSEQUENTLY ASCERTAINED THAT THESE MEDICATIONS WERE FOR THE STAFF.	A35 A35	1. A new lock has been installed on the medication refrigerator. A lock has been installed on a cabinet in the medication room for staff medications and labeled as such. 2. All staff have been inserviced about the installation of new locks and to keep both the cabinet and the refrigerator locked at all times. 3. The Administrator and Resident Care Coordinator will check both the cabinet and the medication refrigerator prn and reprimand any staff not locking these at all times. 4. Completion Date 12/10/04	
A37	7 NMAC 8.2.37 NUTRITION 7.8.2.37 NUTRITION: Each facility shall provide planned and nutritionally balanced meals in accordance with the recommended daily dietary allowance from the basic food groups to meet the nutritional needs of the age group. A. At least three (3) meals shall be served daily at regular times, or in accordance with the program narrative. (1) No more than a sixteen (16) hour span may exist between a substantial evening meal and breakfast. Snacks must be made available between meals and in the evening and	A37		

Maria R Lopez

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A37	Continued From page 6 must be listed on the daily menu. Vending machines shall not be considered a source of snacks. (2) A sufficient amount of time shall be allowed for meals to enable residents to eat at a leisurely pace and to socialize. B. A copy of the current week's menu, including snacks and therapeutic diets, shall be posted where residents and families can see it. Posted menus shall be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu. Menus as served must be kept for thirty (30) days and be available to the public. Identical menus shall not be used on a one (1) week cycle basis. C. Therapeutic diets and prescribed vitamin and mineral supplements shall be given and served only on the written orders of a physician. The physician's order shall become part of the resident's record and shall be updated as necessary. D. The facility shall make every reasonable attempt to accommodate the resident's food preferences, and requests by the resident or the resident's representative to observe religious or cultural dietary practices. E. Personnel handling food must be in good health, practice hygienic food-handling techniques, have good personal grooming, and be free from communicable disease transmissible via food. F. Ensure the food is prepared by methods that will conserve nutritive value, enhance flavor, appearance, and is served at the proper temperature and in a form to meet individual needs. G. All residents must be served in a dining room except for residents with a temporary illness, or documented specific personal preference. H. If a resident consistently refuses to eat	A37		

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A37	Continued From page 7 after encouragement, the resident shall be evaluated by an appropriate health professional. The resident shall be offered fluids more often during the time he/she is refusing to eat. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.37 NMAC - Rn, 7 NMAC 8.2.37, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20401 BASED ON INTERVIEWS AND OBSERVATION, THE FACILITY FAILED TO POST CHANGES IN THE DINNEN MENU. THE FINDINGS ARE: A. ON 10/20/04 AT 5:00PM IT WAS OBSERVED THAT RESIDENTS WERE EATING CREAM OF MUSHROOM SOUP WITH A HALF BAKED POTATO. THE POSTED MENU INDICATED THAT FRENCH ONION SOUP WITH BLT'S AND CHIPS WERE TO BE SERVED FOR THAT MEAL. B. INTERVIEWS WITH ADMINISTRATOR S1 AND COOK S5 ON 10/21/04 AT 10:45AM CONFIRMED THAT THE CHANGES HAD NOT BEEN POSTED.	A37 A37	1. All menu changes have been posted on the menus. 2. The Administrator and Resident Care Coordinator have in-serviced all kitchen staff about making written changes on the menu as meals change. 3. The Administrator and Resident Care Coordinator will monitor the menus on a daily basis to assure the changes are being made as needed to the menus. Once it is apparent that the staff are consistent with making the changes, the menus will be checked prn for changes and staff reprimanded if the menus do not correspond to the food served.	
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.	A38	4. Completion Date 12/10/04	

Maria R Lopez

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A38	<p>Continued From page 8</p> <p>B. All milk, to include dry milk products, shall be Grade A pasteurized.</p> <p>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.</p> <p>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 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>	A38		

Mona R Lopez

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A38	Continued From page 9 This REQUIREMENT is not met as evidenced by: Surveyor: 20401 BASED ON INTERVIEW AND OBSERVATION, THE FACILITY DID NOT PROVIDE A THERMOMETER IN 1 OF 2 FREEZERS. THE FINDINGS ARE: A. IT WAS OBSERVED ON A TOUR OF THE FACILITY ON 10/19/04 AT 10:30AM AND CONFIRMED WITH FACILITY ADMINISTRATOR S1 THAT FREEZER #2 DID NOT HAVE A THERMOMETER.	A38 A38	1. A new thermometer has been purchased and is in place in Freezer #2. 2. The Administrator has talked with all kitchen staff about taking temperature readings daily and documenting them as well as informing the administrator if a freezer or refrigerator does not have a thermometer.. 3. The administrator will periodically check with the kitchen staff to confirm that all freezers and refrigerators have thermometers and that temperatures are being taken and documented every day. 4. Completion Date 12/10/04	

Maria R Lopez