

Division of Health Improvement

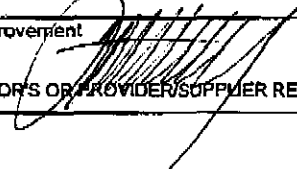
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ORIGINAL	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2008
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NAME OF PROVIDER OR SUPPLIER ACANTILADO VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 920 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124
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A26	<p>7 NMAC 8.2.26 Resident Assessment</p> <p>7.8.2.26 RESIDENT ASSESSMENT:</p> <p>A. A resident assessment to determine level of function and if the client's needs can be met by the facility. The initial assessment must be completed within five (5) days of admission and reviewed every six (6) months as part of the individual service plan.</p> <p>B. The resident assessment must establish a baseline in the resident's functional status and thereafter, identify resident changes through periodic reassessments.</p> <p>C. The resident assessment must be documented on a state approved resident assessment form and at a minimum include the following:</p> <ol style="list-style-type: none"> (1) Cognitive patterns. (2) Communication/hearing patterns. (3) Vision patterns. (4) Physical functioning and structural problems. (5) Continence. (6) Psycho social well-being. (7) Mood and behavior patterns. (8) Activity pursuit patterns. (9) Disease diagnoses. (10) Health conditions. (11) Oral/nutritional status. (12) Oral/dental status. (13) Skin conditions. (14) Medication use. (15) Special treatment and procedures. <p>D. The resident admission assessment, the physical exam report, and the observation and evaluation of staff with regards to the needs will be used to develop the individual service plan, if needed. If the resident assessment does not indicate a need for an individual service plan, then an individual service plan is not required. However, an individual service plan must be</p>	A26	<p>7.8.2.26</p> <p>Corporate Health and Wellness Director and Community Health and Wellness Manger revised resident assessment form to include; mood and behavioral patterns, disease diagnoses, health conditions and skin conditions</p> <p>All current residents may have been affected by deficiency. Health and Wellness Manager re-evaluated and added an addendum to include; mood and behavioral patterns, disease diagnosis, health conditions and skin conditions.</p> <p>Revised Leisure Care form attached and will be used on all assessments to maintain state standards.</p> <p>Deficiency was corrected upon notification by licensing agency.</p>	
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Scanned 12/19/08 CR

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE General Manager	(X6) DATE 12/16/08
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A26	Continued From page 1 prepared for residents requiring nursing services. [4-7-97; 7.8.2.26 NMAC - Rn, 7 NMAC 8.2.26, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.26 C - Resident Assessment Based on record review and interview the facility failed to ensure that resident assessments included all minimum requirements as listed in the New Mexico regulations or Adult Residential Care Facilities. The findings are: A. On 11/18/08 at 5:00 pm during review of resident files it was noted that the resident assessment used by the facility did not include the following elements; (7) Mood and Behavioral Patterns, (9) Disease Diagnoses, (10) Health Conditions, and (13) Skin Conditions. B. On 12/3/08 at 2:20 pm during interview with RN #1, she acknowledged the stated elements were not found within the assessment.	A26		
A27	7 NMAC 8.2.27 Individual Services Plan 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include	A27		

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A27	<p>Continued From page 2</p> <p>the following:</p> <ol style="list-style-type: none"> (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident. <p>[7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.27 B - INDIVIDUAL SERVICE PLAN/Care Plan</p> <p>Based on record review and interview the facility failed to ensure that resident care plans included all minimum requirements as listed in the New Mexico regulations or Adult Residential Care Facilities.</p> <p>The findings are:</p> <p>A. On 11/18/08 at 5:00 pm during review of resident files it was noted that the resident care plan used by the facility did not include the following elements; (4) When or how often the services will be provided, (7) Goal and outcome of the service, (8) Documentation of the facility's determination that it is able to meet the needs of the resident.</p> <p>B. On 12/3/08 at 2:20 pm during interview with RN #1, she acknowledged the stated elements</p>	A27	<p>7.8.2.27 Corporate Health and Wellness Director and Community Health and Wellness Manager revised the Resident Care Plan to include: when, how often services are provided, goal and outcome of services provided and documentation of facility's determination that we are able to meet the needs of the resident.</p> <p>All residents that have been previously evaluated are affected. Each file has been reviewed and an addendum will be attached covering: when and how often services are provided, goal and outcome of services provided, and documentation</p>	

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A27	Continued From page 3 were not found within the assessment.	A27		
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 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:	A36	of facility's determination that we are able to meet the needs of the residents. Health and Wellness Manager will monitor that this is being accomplished by monthly file audits. Revised form will be used immediately. Review of current resident files and addendum additions have been completed as of 12/05/2008.	

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A36	Continued From page 4 (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 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	A36		
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A36	Continued From page 5 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 Based on record review and interview, the facility failed to have certificates showing staff "assisting" medications have successfully completed an approved assistance with medication training program for 1 of 16 staff members. The findings are: A. On 11/19/08 at 11:45 am during review of personnel files, it was noted that documentation was not available or on site for review that showed Staff #6 had successfully completed an approved assistance with medication training program . B. On 11/19/08 at 12:15 am during interview with the Administrator, she acknowledged there was not a medication certificate available for Staff #6.	A36	7.8.2.36 B Deficiency corrected by Health and Wellness Manager. Medication Certificates for all resident aides available to view Residents not affected by deficiency due to all resident aids being certified. The one certificate not available to view is now available and in file. Health and Wellness Manager will audit the certificates monthly to update for employee changes or other circumstances that may cause a change. Per company policy all new resident aides are educated on medication administration and certified within 2 weeks times.	
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire	A63		

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A63 Continued From page 6

prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation.

B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff.

C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.

D. Fire Drills: The facility must conduct at least one (1) fire drill each month:

- (1) Fire drills must be held at different times of the day.
- (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.
- (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.
- (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.
- (5) The local fire department should be requested to supervise and participate in fire drills.

[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]

This REQUIREMENT is not met as evidenced

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A63	Continued From page 7 by: Refer to 7.8.2.63 D. (3-4) Based on record review and interview, the facility failed to, in the conduct of fire drills, emphasize orderly evacuation and maintain a record of the evacuation time in total minutes. The findings are: A. On 11/18/08 at 1:30 pm review of monthly fire drill records for 2008 revealed that residents are not evacuated and evacuation time in total minutes was not noted. B. On 11/18/08 at 1:30 pm during an interview with the Plant Operations Supervisor, he acknowledged that the fire drills do not include an evacuation of the residents from the building.	A63	7.8.2.63 D. (3-4) General Manager will conduct monthly fire drills on all three shifts utilizing the Leisure Care approved form that is included with this response. Residents are affected by this deficiency by not knowing how to properly evacuate in the event of an alarmed emergency. Further, employee's may not be knowledgeable of proper procedures for evacuating residents. Continuous monthly per shift log will be kept showing date, total time of evacuation, shift, company personnel, location and type of alarm used for drill, evacuation time and any issues noticed during the drill.	
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] This REQUIREMENT is not met as evidenced by:	A66	Employee orientation will now include a fire drill so that they are properly instructed on evacuation procedures. Fire drill procedure will be covered in each monthly all staff meeting. Documentation for Fire Evacuation will be added to employee file. Deficiency was corrected with 1 fire drill per shift conducted between December 1 st , 2 nd , and 3 rd .	

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A66	Continued From page 8 Refer to NMAC 7.1.13.10(E) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet Based on record review and interview, the facility failed to ensure that 7 of 16 residents, family members and/or guardians received notice regarding incident reporting information. The findings are: A. On 11/18/08 at 5:00 PM during review of resident files, it was noted that Resident #5, 8, 9, 11, 12, 14 and 15 had no documentation of notification to resident, family members/guardians regarding incident reporting. B. On 11/19/08 at 12:40 PM during interview with the Administrator, she acknowledged the documentation was not present for all residents.	A66	7.8.2.66 Health and Wellness Manager reviewed all files and missing documents of notification to resident family members/guardians regarding incident reporting. Missing documents were submitted and signed by resident/family and included in files. Residents were affected by not having family/guardians properly notified in a timely manner so that they could respond as they saw fit. All new incoming residents will have incident reporting form reviewed with them by staff and a signed copy will be placed in the resident file. Health and Wellness Manager will review any completed incident reporting forms each day and see that they are properly filled out and signed. The deficiency was corrected upon notification by licensing agency.	