

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>RECITED TAGS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5707</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/11/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF ALBUQUERQUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4900 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111</b>
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{A17}	<p>7 NMAC 8.2.17 Personnel</p> <p>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:</p> <p>A. Qualifications for all professional and non-professional disciplines.</p> <p>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.</p> <p>C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.</p> <p>D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn &amp; A, 7 NMAC 8.2.17, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from the 3/19/2009 survey.</p> <p>Refer to 7.8.2.17(C) - Required On Going Staff Training</p> <p>Based on record review and interview, the facility</p>	{A17}	<p><u>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</u> Training of staff on a timely and on-going basis has the potential to affect all residents. The Sunrise Senior Living training program will insure that all staff is trained correctly and timely.</p> <p><u>3. How the facility will monitor its corrective action.</u> All new hire training will be entered into Sunrise University registrar by the ED or the BOC within 30 days after hire. <b>A copy of the transcript as well as a copy of the training attendance will be placed in the Sunrise Team Member Meeting and Training Binder.</b></p> <p><u>4. Specify a date upon which the corrective action will be completed.</u> <b>All required training for new hires will be entered in the Sunrise University webpage and a copy placed in the Sunrise Team Member Meeting and Training Binder file. All required state training has scheduled on a monthly basis and all staff have been advised that training is mandatory. Copies of transcripts and training attendance will be placed in that binder.</b></p>	6/30/09
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*ES Scanned 06-16-09*

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: *[Signature]* TITLE: *Executive Director* (X6) DATE: *6/12/09*

STATE FORM SCWJ12 If continuation sheet 1 of 19



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{A17}	Continued From page 1  failed to ensure ongoing training for 20 of 20 facility employees.  The findings are:  A. On 5/11/09 during review of the personnel and facility records, it was noted that there was no documentation of current required training for the following: 1. First Aid - Staff # 3-9, 11-19 2. Confidentiality of Records - Staff #3-19 4. Infection Control - Staff #3, 6, 8-11, 13-18 5. Resident Rights - Staff #3, 4, 6, 9, 11, 17-19 6. Providing Quality Resident Care based on current resident needs - Staff #3-19  B. On 5/11/09 during an interview with the director, he acknowledged that documentation for the trainings was not available.	{A17}	Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law.  <b>A17 7.8.2.17 PERSONNEL:</b> <u>1. Address how all violations identified in the official written report will be corrected.</u> A. On 2/14/2008, First Aid Training was presented to all staff who attended the monthly staff meeting. Employees attending included staff # 5,7,13,14,15,16, & 19. (See attached sign-in sheet). On 3/25/09, Infection Control Training was presented to all staff who attended the monthly staff meeting. Employees attending included staff # 10,11,14,17 &18. On 2/12/09 and on 3/19/08, Resident Rights was presented to all staff who attended the monthly staff meetings. Employees attending on 2/12/09 included staff # 11, 18, 19. Sunrise Senior Living provides a required orientation to all new hires consisting of a week's formal training, and a minimum of three days shadowing. Training is to be completed no later than 30 days after hire. In addition, monthly training is now required for all staff to include State of NM and OSHA requirements annually. <b>Documentation of all training conducted has been entered into Sunrise University. Additional training given since survey on 3/19/09 has also been documented and entered.</b>	
{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	{A35}		

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{A35}	Continued From page 2  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 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	{A35}		

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{A35}	<p>Continued From page 3</p> <p>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: This is a repeat deficiency from the 3/19/09 survey.</p> <p>Refer to 7.8.2.35 A - Procurement, Labeling, and Storage</p> <p>Based on record review and interview, the facility failed to ensure that assistance was provided to 6 of 10 sampled residents in obtaining the necessary medication that is required for the residents care.</p> <p>The findings are:</p> <p>A. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #1, it was noted that the resident takes Depakote Sprinkles 125mg capsules, 3 caps twice daily, routinely. This medication was not</p>	{A35}	<p><u>3. How the facility will monitor its corrective action.</u> The Wellness Nurse will do weekly MAR audits to insure that proper documentation is being done and to insure that when a medication is not available, that everything will be done correct the problem as soon as possible.</p> <p>A letter will be sent out to family members informing them that a back-up agreement needs to be completed and kept on file in the resident record. This will be utilized only when a medication they use is unavilable and/or they fail to provide it in a timely manner, or if there is an emergency situation and their pharmacy of choice is unable to provide the medication.</p> <p><u>4. Specify a date upon which the corrective action will be completed.</u> The items cited will be corrected by June 12, 2009.</p>	

6/12/09

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{A35}	Continued From page 4  available to the resident April 17, PM; April 18, AM & PM; April 19, AM & PM; April 20, AM; totaling 6 doses. The medication was noted on the back of the MAR as not available.  B. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.  C. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #2, it was noted that the resident takes Protonix 40mg, 1 tab daily, routinely. This medication was not available to the resident the entire month of April, totaling 30 doses. The resident is also prescribed Duragesic 100mcg patch, 1 patch every 72 hours. This medication was not available to the resident April 16 & 19. The stated medications were noted on the back of the MAR as not available.  D. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.  E. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #3, it was noted that the resident takes Buspar 10mg, 1 tab twice daily, routinely. This medication was not available to the resident April 2, PM through April 7, AM, totaling 10 doses. The resident is also prescribed Lexapro 10mg 1 tab at bedtime. This medication was not available to the resident April 1 through April 6, 2009. The stated medications were noted on the back of the MAR as not available.  F. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.	{A35}	<b>A35 7 NMAC 8.2.35 Custodial Drug Permit</b>  <u>1. Address how all violations identified in the official written report will be corrected.</u> <b>When the first dose is missed, the MCM is to notify the HCC or WN, as well as document on the back of the MAR the reason why the medication was missed. The MCM will then fill out a Physician Notification Report explaining which medication was missed and the reason., and faxed to the physician, and documents in the Communication Book. The nurses then follow up with the pharmacy to determine why the medication was not delivered. If the family delivers the medication, they are called and informed that if the medication is not delivered to the community within 24 hours, the medication will be ordered through the community pharmacy. Families are notified when medications need to be delivered when down to a one week supply.</b> <b>If the medication is not delivered due to insurance reasons, the MD is notified and asked if they will change the order to a covered medication. If no response is given within 24 hours, the family is notified that a week's supply will be ordered from the community pharmacy until the problem is resolved.</b> <u>2. How the facility will identify other</u> <u>residents having the potential to be affected by the same deficient practice.</u> <b>All residents who use this pharmacy have the potential to be affected by this practice.</b>		

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{A35}	Continued From page 5  G. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #4, it was noted that the resident takes Multivitamin, 1 tab daily, routinely. This medication was not available to the resident April 16 through 22, totaling 7 doses. The resident is also prescribed Aricept 5mg 1 tab at bedtime. This medication was not available to the resident April 11 through 30, totaling 20 doses. The stated medications were noted on the back of the MAR as not available.  H. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.  I. On 5/11/09 during review of the May 2009 Medication Administration Record (MAR) for Residents #5, it was noted that the resident takes Cardizem CD, 360 mg cap, 1 cap daily, routinely. This medication was not available to the resident April 8 through 10, totaling 3 doses. The resident is also prescribed Glipizide ER F/C 10mg, 1 tab daily. This medication was not available to the resident April 7 through 10, totaling 4 doses. The stated medications were noted on the back of the MAR as not available.  J. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.  K. On 5/11/09 during review of the April and May 2009 Medication Administration Record (MAR) for Residents #6, it was noted that the resident takes Lactulose 10mg/15ml syrup, 10 cc in PM, routinely. This medication was not available to the resident the entire month of April and May 1 through 10, totaling 40 doses. The resident is	{A35}			

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{A35}	Continued From page 6  also prescribed Zolpidem 10mg, 1 tab every night. This medication was not available to the resident April 1 & 2. The stated medications were noted on the back of the MAR as not available.  L. On 5/11/09 during interview with the director and staff #1, both acknowledged the MAR showed that the medication was not available.	{A35}			
{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	{A36}			

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{A36}	Continued From page 7  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: (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	{A36}	

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{A36}	Continued From page 8  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 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: This is a repeat deficiency from the 3/19/09 survey.  Refer to 7.8.2.36(C) - Not following physician's orders  Based on record review and interview, the facility failed to ensure that no medications, including over the counter medications, PRN (when needed) medications, were started, changed or discontinued by the facility without an order by the physician and entered into the resident's record for 6 of 10 sampled residents.  The findings are:  A. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #1, it was noted that the resident takes Depakote Sprinkles 125mg capsules, 3 caps twice daily, routinely. This medication was not available to the resident April 17, PM; April 18, AM & PM; April 19, AM & PM; April 20, AM;	{A36}		

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{A36}	Continued From page 9  totaling 6 doses. The medication was noted on the back of the MAR as not available.  B. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication was not given as ordered.  C. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #2, it was noted that the resident takes Protonix 40mg, 1 tab daily, routinely. This medication was not available to the resident the entire month of April, totaling 30 doses. The resident is also prescribed Duragesic 100mcg patch, 1 patch every 72 hours. This medication was not available to the resident April 16 & 19. The stated medications were noted on the back of the MAR as not available.  D. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication was not given as ordered.  E. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #3, it was noted that the resident takes Buspar 10mg, 1 tab twice daily, routinely. This medication was not available to the resident April 2, PM through April 7, AM, totaling 10 doses. The resident is also prescribed Lexapro 10mg 1 tab at bedtime. This medication was not available to the resident April 1 through April 6, 2009. The stated medications were noted on the back of the MAR as not available.  F. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication was not given as ordered.  G. On 5/11/09 during review of the April 2009	{A36}	<b>A36 7.8.2.36 Medications</b> <u>1. Address how all violations identified in the official written report will be corrected.</u> <b>Every time a dose of medication is missed, whether due to medication non-availability, resident refusal, or any other reason, the primary MD will be faxed a Physician Notification. These notifications will be kept in a binder in the nursing office.</b> <b>After the nurses have followed up regarding missing medications, it will be documented in the Progress Notes of the resident Wellness file. If the medication is refused on a routine basis, the physician is contacted to determine if the medication should be discontinued or changed to an "as needed" medication. This determination remains up to the physician to make.</b>  <u>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</u> All residents have the potential to be affected by these practices.  <u>3. How the facility will monitor its corrective action.</u> <b>The Wellness Nurse will do weekly MAR audits to insure that proper documentation is being done and to insure that physicians are being notified per policy.</b>	

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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF ALBUQUERQUE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4900 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111</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
{A36}	Continued From page 10  Medication Administration Record (MAR) for Residents #4, it was noted that the resident takes Multivitamin, 1 tab daily, routinely. This medication was not available to the resident April 16 through 22, totaling 7 doses. The resident is also prescribed Aricept 5mg 1 tab at bedtime. This medication was not available to the resident April 11 through 30, totaling 20 doses. The stated medications were noted on the back of the MAR as not available.  H. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication was not given as ordered.  I. On 5/11/09 during review of the May 2009 Medication Administration Record (MAR) for Residents #5, it was noted that the resident takes Cardizem CD, 360 mg cap, 1 cap daily, routinely. This medication was not available to the resident April 8 through 10, totaling 3 doses. The resident is also prescribed Glipizide ER F/C 10mg, 1 tab daily. This medication was not available to the resident April 7 through 10, totaling 4 doses. The stated medications were noted on the back of the MAR as not available.  J. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication was not given as ordered.  K. On 5/11/09 during review of the April and May 2009 Medication Administration Record (MAR) for Residents #6, it was noted that the resident takes Lactulose 10mg/15ml syrup, 10 cc in PM, routinely. This medication was not available to the resident the entire month of April and May 1 through 10, totaling 40 doses. The resident is also prescribed Zolpidem 10mg, 1 tab every night. This medication was not available to the	{A36}	<u>3. How the facility will monitor its corrective action.</u> <b>The Wellness Nurse will do weekly MAR audits to insure that proper documentation is being done and to insure that when a medication is not available, that everything will be done correct the problem as soon as possible.</b> <b>A letter will be sent out to family members informing them that a back-up agreement needs to be completed and kept on file in the resident record. This will be utilized only when a medication they use is unavailble and/or they fail to provide it in a timely manner, or if there is an emergency situation and their pharmacy of choice is unable to provide the medication.</b>  <u>4. Specify a date upon which the corrective action will be completed.</u> <b>The items cited were corrected by June 12, 2009.</b>  <i>6/12/09</i>	



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{A36}	<p>Continued From page 12</p> <p>the back of the MAR as not available.</p> <p>B. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.</p> <p>C. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #2, it was noted that the resident takes Protonix 40mg, 1 tab daily, routinely. This medication was not available to the resident the entire month of April, totaling 30 doses. The resident is also prescribed Duragesic 100mcg patch, 1 patch every 72 hours. This medication was not available to the resident April 16 &amp; 19. The stated medications were noted on the back of the MAR as not available.</p> <p>D. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.</p> <p>E. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #3, it was noted that the resident takes Buspar 10mg, 1 tab twice daily, routinely. This medication was not available to the resident April 2, PM through April 7, AM, totaling 10 doses. The resident is also prescribed Lexapro 10mg 1 tab at bedtime. This medication was not available to the resident April 1 through April 6, 2009. The stated medications were noted on the back of the MAR as not available.</p> <p>F. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.</p>	{A36}		

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{A36}	Continued From page 13  G. On 5/11/09 during review of the April 2009 Medication Administration Record (MAR) for Residents #4, it was noted that the resident takes Multivitamin, 1 tab daily, routinely. This medication was not available to the resident April 16 through 22, totaling 7 doses. The resident is also prescribed Aricept 5mg 1 tab at bedtime. This medication was not available to the resident April 11 through 30, totaling 20 doses. The stated medications were noted on the back of the MAR as not available.  H. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.  I. On 5/11/09 during review of the May 2009 Medication Administration Record (MAR) for Residents #5, it was noted that the resident takes Cardizem CD, 360 mg cap, 1 cap daily, routinely. This medication was not available to the resident April 8 through 10, totaling 3 doses. The resident is also prescribed Glipizide ER F/C 10mg, 1 tab daily. This medication was not available to the resident April 7 through 10, totaling 4 doses. The stated medications were noted on the back of the MAR as not available.  J. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.  K. On 5/11/09 during review of the April and May 2009 Medication Administration Record (MAR) for Residents #6, it was noted that the resident takes Lactulose 10mg/15ml syrup, 10 cc in PM, routinely. This medication was not available to	{A36}	<b>A36 7.8.2.36 Medications</b> <u>1. Address how all violations identified in the official written report will be corrected.</u> <b>When the first dose is missed, the MCM is to notify the HCC or WN, as well as document on the back of the MAR the reason why the medication was missed. The MCM will then fill out a Physician Notification Report explaining which medication was missed and the reason., and faxed to the physician, and documents in the Communication Book. The nurses then follow up with the pharmacy to determine why the medication was not delivered. If the family delivers the medication, they are called and informed that if the medication is not delivered to the community within 24 hours, the medication will be ordered through the community pharmacy. Families are notified when medications need to be delivered when down to a one week supply.</b> <b>If the medication is not delivered due to insurance reasons, the MD is notified and asked if they will change the order to a covered medication. If no response is given within 24 hours, the family is notified that a week's supply will be ordered from the community pharmacy until the problem is resolved.</b>	

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{A36}	Continued From page 14  the resident the entire month of April and May 1 through 10, totaling 40 doses. The resident is also prescribed Zolpidem 10mg, 1 tab every night. This medication was not available to the resident April 1 & 2. The stated medications were noted on the back of the MAR as not available.  L. On 5/11/09 during interview with the director and staff #1, both acknowledged the medication errors were not reported to the resident's physician.	{A36}		
{A59}	7 NMAC 8.2.59 Fire Clearance & Inspections  7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00]  This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from the 3/19/09 survey.	{A59}	<b>A63 7.8.2.63 Staff and Resident Fire and Safety Training</b> <u>1. Address how all violations identified in the official report will be corrected.</u> Annual Fire Safety training was presented at the Town Hall meeting and staff # 5, 15, and 16 attended. Annual Fire Safety training was presented on 1/22/09. A make-up Fire Safety training was given on 2/06/09 for Reminiscence and staff # 5, 6, and 9 attended. <b>Documentation of all training conducted has been entered into Sunrise University. Additional training given since survey on 3/19/09 has also been documented and entered.</b>  <u>2. How the facility will identify other residents who have the potential to be affected by the same deficient practice.</u> All residents have the potential to be affected by the practice of staff not being training in annual fire safety practices.  <u>3. How the facility will monitor its corrective action.</u> All staff have been advised that all State mandated training is required on an annual basis. Training is scheduled monthly at the Staff meeting. Make up sessions of the training are held throughout the month for those who were unable to attend. <b>A copy of the transcript as well as a copy of the training attendance will be placed in the Sunrise Team Member Meeting and Training Binder.</b>	

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{A59}	Continued From page 15  7.8.2.59 B. - FIRE INSPECTIONS  Based on records review and interview, the facility failed to maintain documentation of an annual fire inspection.  The findings are:  A. On 5/11/09 review of facility records revealed no documentation of an annual fire inspection for 2008.  B. On 5/11/09 during an interview with the director, he acknowledged that the facility failed to maintain documentation of an annual fire inspection.	{A59}	<b>A59 7.8.2.59 Fire Clearance and Inspections</b>  <u>1. Address how all violations identified in the official report will be corrected.</u> <b>After repeated calls to the City of Albuquerque Fire Marshall's Office, they responded and conducted an inspection on 6/2/09.</b>  <u>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</u> All residents have the potential to be affected by the violation.  <u>3. How the facility will monitor its corrective action.</u> <b>The ED and the Maintenance Coordinator will, on an annual basis, contact the City Fire Marshall's Office within the second quarter of the year, if the community has not been inspected.</b>  <u>4. Specify a date upon which the corrective action will be completed.</u> <b>The community was inspected on 6/2/09.</b>		
{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 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	{A63}			

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{A63}	<p>Continued From page 16</p> <p>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.</p> <p>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(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.</p> <p>(5) The local fire department should be requested to supervise and participate in fire drills.</p> <p>[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]</p> <p>This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from the 3/19/09 survey.</p> <p>Refer to 7.8.2.63 (A) - Train on fire and safety training</p> <p>Based on record review and interview, the facility failed to ensure ongoing fire and safety training for 11 of 20 facility employees.</p> <p>The findings are:</p>	{A63}	<p><b>A63 7.8.2.63 Staff and Resident Fire and Safety Training</b></p> <p><u>1. Address how all violations identified in the official report will be corrected.</u> Annual Fire Safety training was presented at the Town Hall meeting and staff # 5, 15, and 16 attended. Annual Fire Safety training was presented on 1/22/09. A make-up Fire Safety training was given on 2/06/09 for Reminiscence and staff # 5, 6, and 9 attended. <b>Documentation of all training conducted has been entered into Sunrise University. Additional training given since survey on 3/19/09 has also been documented and entered.</b></p> <p><u>2. How the facility will identify other residents who have the potential to be affected by the same deficient practice.</u> All residents have the potential to be affected by the practice of staff not being training in annual fire safety practices.</p> <p><u>3. How the facility will monitor its corrective action.</u> All staff have been advised that all State mandated training is required on an annual basis. Training is scheduled monthly at the Staff meeting. Make up sessions of the training are held throughout the month for those who were unable to attend. <b>A copy of the transcript as well as a copy of the training attendance will be placed in the Sunrise Team Member Meeting and Training Binder.</b></p>

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{A63}	Continued From page 17  A. On 5/11/09 during review of employee records, it was noted that there was no evidence of current required training in fire safety for Staff #3, #5, #6, #7, #8, #9, #15, #16, #17, #18, and #19.  B. On 5/11/09 during an interview with the director, he acknowledged that documentation of annual fire safety training was not available.	{A63}		
{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: This is a repeat deficiency from the 3/19/09 survey.  Refer to NMAC 7.1.13.10(B) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train employees annual.  Based on record review and interview, the facility	{A66}	3. <u>How the facility will monitor its corrective action.</u> All new hire training will be entered into Sunrise University registrar by the ED or the BOC within 30 days after hire. All required state training has been scheduled on a monthly basis and all staff have been advised that training is mandatory. <b>A copy of the transcript will be placed in the Team Member Meeting and Training Binder, as well as a copy of the attendance training.</b>  4. <u>Specify a date upon which the corrective action will be completed.</u> <b>All required training for new hires has been entered in the Sunrise University webpage and a copy placed in Team Member Meeting and Training Binder. All State mandated training has also been placed in that binder.</b>	6/30/09

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{A66}	Continued From page 18  failed to ensure required training was conducted within the time frames set in accordance with regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 20 of 20 (Staff #1-20) sampled employees.  The findings are:  A. On 5/11/09 during review of personnel files, it was noted that the required annual training for Incident Management was not among administrative paperwork.  B. On 5/11/09 during interview with the director, he acknowledged that documentation of the training for the stated employees is not available.	{A66}	4. <u>Specify a date upon which the corrective action will be completed.</u>  All required training will be conducted and entered into Sunrise University by June 30, 2009.  <b>A66 7.8.2.66 Related Regulations and Code</b> <u>1. Address how all violations identified in the official report will be corrected.</u> The required annual training of Incident Reporting was held on January 17, 2008 at our regular monthly staff meeting. This training was not entered into staff training binder. <b>Additional training will be conducted at the Town Hall meeting on June 17, 2009, using the new 2009 training. All training given has been entered into the Team Member Meeting and training Binder.</b>  <u>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</u> Training of staff on a timely and on-going basis has the potential to affect all residents. The Sunrise Senior Living training program will insure that all staff is trained correctly and timely.	6/30/09