

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/5/2004
NAME OF PROVIDER OR SUPPLIER SIERRA SPRINGS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 503 LOS LENTES ROAD NE LOS LUNAS, NM 87031		
(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
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.</p>	A26	<p><i>All resident assessments will be reviewed before 12/25/04, and updated accordingly. Resident assessments will be reviewed and updated on the 15th of November and on the 15 of May of every year. All resident assessments will be reviewed and updated on November 15th and May 15th regardless of how long a resident has been in the facility, which will meet the 6 month resident assessment review requirement. The review of resident assessments will be monitored by the administrator of the facility. He/she will personally sign and date all resident assessment forms and reviews.</i></p>	12/25/04

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

TITLE

Administrator

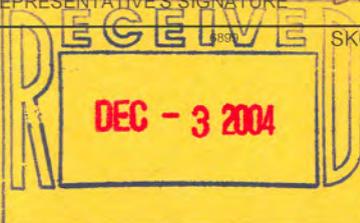
(X6) DATE

12/2/04

STATE FORM

SK6S11

If continuation sheet 1 of 8



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A26	Continued From page 1 However, an individual service plan must be 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: Surveyor: 20402 THE FOLLOWING DEFICIENCY IS CITED AS A RESULT OF AN UNANNOUNCED ABBREVIATED SURVEY CONDUCTED ON 11/05/2004 AND IS BASED ON NEW MEXICO REQUIREMENTS FOR ADULT RESIDENTIAL CARE FACILITIES 7.8.2 NMAC 7.8.2.26 RESIDENT ASSESSMENTS: BASED ON RESIDENT MEDICAL RECORD REVIEW, AND INTERVIEW WITH ADMINISTRATOR, THE FACILITY FAILED TO PROVIDE DOCUMENTATION REGARDING CURRENT RESIDENT ASSESSMENTS FOR 5 OF 10 RESIDENTS. (#C2, #C6, #C8, #C9, C#10). THE FINDINGS ARE: A. ON 11/05/2004 AT 1:00P.M., INTERVIEW WITH ADMINISTRATOR AND RESIDENT MEDICAL RECORD REVIEW REVEALED THAT RESIDENT (C#2) HAD BEEN ADMITTED TO THE FACILITY ON 10/03/2003. NO DOCUMENTATION OF CURRENT RESIDENT ASSESSMENT HAD BEEN DOCUMENTED. RESIDENT (C#6) WAS ADMITTED ON 12/01/2003. NO DOCUMENTATION OF CURRENT RESIDENT ASSESSMENT HAD BEEN DOCUMENTED. RESIDENT (C#8) WAS ADMITTED TO THE FACILITY ON 10/17/2003. NO DOCUMENTATION OF CURRENT RESIDENT ASSESSMENT HAD BEEN DOCUMENTED. RESIDENT (C#9) WAS	A26		

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A26	Continued From page 2 ADMITTED TO THE FACILITY ON 3/29/2004. FACILITY DID NOT COMPLETE A CURRENT RESIDENT ASSESSMENT TIMELY FOR THIS RESIDENT. RESIDENT (C#10) WAS ADMITTED ON 10/3/2003. NO DOCUMENTATION OF CURRENT RESIDENT ASSESSMENT HAD BEEN DOCUMENTED. ALSO NO DATE OF ASSESSMENT HAD BEEN DOCUMENTED ON ASSESSMENT FORM FOR RESIDENT (C#10). 1. ON 11/05/2004 AT 1:00 P.M. INTERVIEW WITH ADMINISTRATOR REVEALED THAT CURRENT RESIDENT ASSESSMENTS WERE NOT BEING CONDUCTED. ADMINISTRATOR STATED SHE "DID NOT KNOW" THAT CURRENT RESIDENT ASSESSMENT NEEDED TO BE REVIEWED WITHIN SIX MONTHS. ADMINISTRATOR STATED THAT ASSESSMENTS WERE BEING CONDUCTED UPON BEING ADMITTED TO THE FACILITY. THE FACILITY WAS NOT REVIEWING CURRENT RESIDENT ASSESSMENTS WITHIN A TIMELY MATTER. 2. ON 11/05/2004 AT 1:00 P.M. INTERVIEW WITH ADMINISTRATOR WAS CONDUCTED. ADMINISTRATOR STATED THAT SHE HAD BEEN CONDUCTING THE INITIAL ASSESSMENTS AND WAS UNAWARE THAT A LICENSED OR REGISTERED NURSE WAS TO BE CONDUCTING THE INITIAL ASSESSMENTS. ADMINISTRATOR STATED SHE WAS NOT A LICENSED OR REGISTERED NURSE.	A26		
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by	A27		

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A27	Continued From page 3 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 the following: (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.. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 7.8.2.27 INDIVIDUAL SERVICE PLANS: BASED ON RESIDENT MEDICAL RECORD REVIEW AND INTERVIEW WITH ADMINISTRATOR, THE FACILITY FAILED TO PROVIDE DOCUMENTATION OF INDIVIDUAL SERVICE PLANS WITH CURRENT DATES THEY WERE BEING REVIEWED OR SIGNATURE OF PERSONS REVIEWING THE INDIVIDUAL SERVICE PLANS FOR 9 OF 10	A27			

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A27	Continued From page 4 RESIDENTS. (C#1, C#2, C#3, C#4, C#5, C#6, C#7, C#8, C#9). A. ON 11/05/2004 AT 1:00 P.M. REVIEW OF RESIDENT MEDICAL RECORDS AND INTERVIEW WITH ADMINISTRATOR REVEALED THAT RESIDENT (C#1) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 7/17/2004. RESIDENT (C#1) WAS ADMITTED TO THE FACILITY ON 6/2/2004. THE INDIVIDUAL SERVICE PLAN WAS NOT CONDUCTED IN A TIMELY MANNER. RESIDENT (C#2) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 3/2/2004. RESIDENT (C#2) WAS ADMITTED TO THE FACILITY ON 10/03/2003. THE INDIVIDUAL SERVICE PLAN WAS NOT SIGNED BY THE REVIEWING RN AND THE DOCUMENTATION SHOWED THE DATE THE INDIVIDUAL SERVICE PLAN WAS REVIEWED WAS 7/17/2004. RESIDENT (C#3) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 9/23/2004. RESIDENT (C#3) WAS ADMITTED TO THE FACILITY ON 6/24/2004. THE INDIVIDUAL SERVICE PLAN WAS NOT CONDUCTED IN A TIMELY MANNER. RESIDENT (C#4) HAD AN INDIVIDUAL SERVICE PLAN THAT WAS DATED 7/17/2004 AND HAD NO SIGNATURE OF REVIEWING RN ON DOCUMENTATION. RESIDENT (C#4) HAD BEEN ADMITTED ON 8/31/2004. (ONE MONTH AFTER DOCUMENTATION STATED THAT THE INDIVIDUAL SERVICE PLAN HAD BEEN REVIEWED.) RESIDENT (C#5) HAD NO DATE OR SIGNATURE DOCUMENTED ON THE INDIVIDUAL SERVICE PLAN. RESIDENT (C#6) WAS ADMITTED TO THE FACILITY ON 12/01/2003. DOCUMENTATION OF RESIDENT (C#6) INDIVIDUAL SERVICE PLAN WAS DATED 7/17/2004. RESIDENT (C#7) WAS	A27	<i>An individual service plan shall be developed and implemented within fourteen days of admission. All individual service plans will be reviewed before 12/25/04, and updated accordingly. Individual service plans resident assessments will be reviewed and updated on the 20th of November and on the 20th of May of every year. All individual service plans resident assessments will be reviewed and updated on November 20th, and on May 20th regardless of how long the resident has been in the facility, which will meet the 6 month resident individual service plan review requirement. The review of individual service plans will be monitored by the administrator of the facility. He or</i>	12/25/04

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A27	Continued From page 5 ADMITTED TO THE FACILITY ON 8/23/2004. NO DOCUMENTATION OF A SIGNATURE OF REVIEWING RN OR DATE REVIEWED WAS DOCUMENTED ON RESIDENT (C#7) INDIVIDUAL SERVICE PLAN. RESIDENT (C#8) WAS ADMITTED ON 10/17/2003. NO DOCUMENTATION OF SIGNATURE OF REVIEWING RN WAS REVEALED. DATE ON INDIVIDUAL SERVICE PLAN AS BEING REVIEWED WAS FOR 7/17/2004. RESIDENT (C#9) WAS ADMITTED TO THE FACILITY ON 3/29/2004. THE DATE REVIEWED ON THE INDIVIDUAL SERVICE PLAN WAS DATED 7/17/2004. B. ON 11/05/2004 AT 1:00 P.M. INTERVIEW WITH ADMINISTRATOR WAS CONDUCTED. ADMINISTRATOR STATED THAT EVERY SIX MONTHS AN RN HAS COME TO FACILITY TO REVIEW THE INDIVIDUAL SERVICE PLANS. ADMINISTRATOR STATED THAT THE LAST TIME THE RN CAME TO THE FACILITY WAS 7/17/2004. SHE STATED THAT THE DATES THAT ARE CURRENTLY ON THE RESIDENTS INDIVIDUAL SERVICE PLANS ARE WHEN THE RN COMES TO THE FACILITY TO DO HER REVIEW AND THAT THE FACILITY HAD NOT CHANGED THAT DATE OF 7/17/2004.	A27	<i>she will personally sign and date all individual service plans, and verify that they are completed in a timely fashion.</i>	
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	A38		

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A38	Continued From page 6 provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. 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. 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. 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. 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. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. 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. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86,	A38	All kitchen staff will be asked to read, sign, and date a regulation reminder letter every other month, which will include proper procedure for the handling and labeling of open containers and the wearing of hair restraints. The first letter will go out on 12/25/04. The administrator assistant will inspect the refrigerator and freezer for dated open containers, and the wearing of hair restraints. He will post the findings in the kitchen every other month. This will ensure that these particular deficient practices will not reoccur. The monthly inspections will also	12/25/04

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A38	Continued From page 7 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 7.8.2.38 FOOD MANAGEMENT: SECTION B. BASED ON OBSERVATION OF KITCHEN ON 11/05/2004 AT 10:45 A.M. THE FACILITY FAILED TO DATE, AND LABEL 2 OUT OF 5 OPENED FOODS IN THE FREEZER THE FINDINGS ARE: ON 11/05/2004 AT 10:45 A.M. DURING TOUR OF FACILITY, IT WAS OBSERVED THAT 2 OUT OF 5 OF THE OPENED FOODS IN THE FREEZER WERE NOT DATED. 7.6.2.9.H(3) FOOD SERVICE AND FOOD PROCESSING REGULATIONS: SECTION H: EFFECTIVE HAIR RESTRAINTS SHALL BE USED BY EMPLOYEES WHO PROCESS, PREPARE OR SERVE FOOD TO KEEP EXPOSED HAIR FROM FOOD OR FOOD-CONTACT SURFACES. ON 11/05/2004 AR 10:30 A.M. DURING TOUR OF FACILITY, IT WAS OBSERVED THAT THE KITCHEN COOK WAS NOT WEARING A HAIR COVERING ON HER HEAD WHILE PREPARING FOOD FOR RESIDENTS.	A38	<i>operate as a monitoring system that will verify that the kitchen regulations are being followed.</i>	

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, CMS, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number	Provider/Supplier Name SIERRA SPRINGS ASSISTED LIVING
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Type of Survey (select all that apply)

A				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 20401	11/5/2004	11/5/2004	1.00	0.00	3.00	0.00	0.75	0.00
2. 20402	11/5/2004	11/5/2004	1.00	0.00	3.00	0.00	0.75	0.00
3.								
4.								
5.								
6.								
7.								
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10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00 *1.0 SL* Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours..... 0.00 Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No