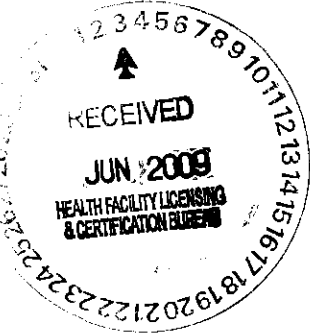


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5605	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2009
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NAME OF PROVIDER OR SUPPLIER HIGHPOINTE CARE I, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6001 ROGERS AVENUE NE ALBUQUERQUE, NM 87110
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(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
A 01	<p>OPENING REMARKS</p> <p>Deficiencies were cited with respect to the complaint investigation portion of this survey completed on 5/12/09, for New Mexico Regulations Governing Adult Residential Care Facilities 7 NMAC 8.2.</p> <p>Complaint #NM00026856</p> <p>Resident Neglect was UNSUBSTANTIATED</p> <p>Failure to follow Related Regulations (Citation 66) was UNSUBSTANTIATED</p> <p>Prepouring medications was SUBSTANTIATED. -Please see citation 36 in the body of this report</p>	A 01		
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. 	A26		

*ES
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06-09-09*

Division of Health Improvement

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

[Handwritten Signature]

TITLE

Director

(X6) DATE

6-1-2009

Division of Health Improvement

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A26	Continued From page 1 (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. 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 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: 7.8.2.26 - Resident Assessment Based on record review, the facility failed to ensure that the regulatory resident assessments were done every 6 months as required for 1 sampled residents (Resident #1) who is also receiving services from a nursing agency. The findings are: A. On 5/11/09 at 10:39 AM during review of Resident #1's medical chart, it was noted that an assessment had been done and dated 12/19/07 and then 8 months later on 8/28/08.	A26	7 NMAC 8.2.26.B RESIDENT ASSESSMENT 1. All resident assessments shall be completed within 5 days of admission, every 6 months and when there is a significant change with the resident. All service plans shall be completed within 14 days of admission, every 6 months and when there is a significant change with the resident. 2. To assure that the staff can meet the needs of the residents, the assessments and service plans need to be completed in a timely manner as stated above. 3. The administrator shall maintain compliance by periodically reviewing records and reminding staff. 4. Date of Completion is 06/15/09	
A36	7 NMAC 8.2.36 Medications 7.8.2.36 MEDICATIONS: Medications will be	A36		

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A36	Continued From page 2 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: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug.	A36		

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A36	Continued From page 3 (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 physician's 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 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,	A36		

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A36	<p>Continued From page 4</p> <p>1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.8.2.36 (G) - Medications</p> <p>Based on observation, record review and interview, the facility failed to ensure that medications removed from the pharmacy container were given immediately and documented by the person assisting for 2 facility residents (Resident #1 and Resident #2). This has the potential to impact 100% of facility residents. The findings are:</p> <p>A. On 5/11/09 at 8:07 AM during review of Intake Information dated 1/28/09, it was noted that a concerned party reported pre-pouring of medications for residents that would be dispensed at a later time.</p> <p>B. On 5/11/09 at 9:40 AM during observation at the facility, it was noted that care Staff #2 was in possession of pre-poured souffle cups with various types of pills in them. These pill cups were not observed to be prepared one by one in comparison with the MAR (Medication Administration Record) then signed for at that time and then passed to individual residents. Staff #2 handed two (2) of the residents (Resident #1 and Resident #2) cups with pills in them which the residents were observed to take.</p> <p>C. On 5/12/09 at 2:03 PM during a confidential interview, Interviewee #1 reported that employees of the facility who are trained to assist with medications are asked to prepour medications for other employees to dispense at later times.</p>	A36	<p>7 NMAC 8.2.36 MEDICATIONS</p> <p>1. All resident medications shall be poured at the time of medication assistance and not before the time to assist with administration of the medications. Inservice training shall be given to all staff assisting with medications about pouring, initialing and assisting with medications without pre-pouring the medications. 2. By not pre-pouring medications it increases the safety and decreases the chance of medication errors for all residents. 3. The administrator shall oversee medication assistance by staff and enforce no pre-pouring of any medications. 4. Date of Completion is 6/15/09.</p>	

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	5605	A. BUILDING _____ B. WING _____	05/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHPOINTE CARE I, LLC	6001 ROGERS AVENUE NE ALBUQUERQUE, NM 87110

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A63	Continued From page 5	A63		
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training	A63		
	<p>7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING:</p> <p>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.</p> <p>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.</p> <p>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.</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</p>			

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A63	<p>Continued From page 6</p> <p>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. [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: Refer to 7.8.2.63(D)(1) - Fire Drills</p> <p>Based on record review and interview, the facility failed to ensure that fire drills are conducted monthly. The findings are:</p> <p>A. On 5/11/09 at 10:49 AM during review of the facility fire drill log, it was noted that there was no documentation available as evidence that fire drills had been conducted beyond 12/08.</p> <p>B. On 5/11/09 at 10:49 AM during interview with Staff #1, he confirmed the findings.</p>	A63	<p>7NMAC 8.2.63. STAFF AND RESIDENT FIRE SAFETY TRAINING</p> <p>1. Fire drills shall be performed every month at different times and documentation shall be on site of the fire drills and notification of the local fire department. 2. Monthly fire drills increase the awareness for the staff and residents thus increasing their safety in the house. 3. The administrator or designee shall oversee staff for compliance with this regulation. 4. Date of Completion 06/15/09.</p>	