STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A 01	OPENING REMARKS The following deficiencies were cited during a complaint investigation that was conducted from 9/27/07-9/28/07 for New Mexico Regulations Governing Adult Residential Care facilities, NMAC 7.8.2. The following complaint intake NM25849 was investigated and SUBSTANTIATED with Deficiencies cited.	A 01	an order for every medication given will be ordered from each residents physician, including vitamins and over the counter medication. When medications are discontinued or changed there will be only one medication assistant in charge of making the changes, so there won't be confusion on what was changed, and who changed it. We will designate the same medication assistant to do a monthly audit of all medication. The audit will include the review of all orders, including discontinued orders, & changed orders. The changes will be complete on, or by 11/05/07 (Copy of audit form inclosed)	11/05/07
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.	A36		

Division of Health Improvement

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

TITLE: Administrator

(X6) DATE: 10/25/07

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A36	Continued From page 1 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 be used in a 24 hour period.	A36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A36	Continued From page 2 (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: Refer to 7.8.2.36 C, F Based on observation record review and interview, the facility failed to ensure the following: a) that no medications be started or discontinued by the facility without an order by the physician for 3 of 8 sampled residents (R#1, 2, 7) and b) the Medication Administration Record (MAR) documentation was accurate. The findings are: A. On 9/27/07 at 11:20 a.m. when a State Surveyor was comparing resident #1's medications to the September 2007 Medication Administration Record (MAR), the following observations were noted: 1. Resident #1's medication box contained 1 bottle of Atenolol 50 mg tabs. The label on the medication bottle read to take 1 tab every day at bedtime. Also on the label was handwriting indicating to take 1/2 tablet on it. 2. When resident #1's medication was compared to what was documented on the September 2007 MAR, the MAR read: Atenolol 25 mg. Take 1/2 tablet daily.	A36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A36	Continued From page 3 3. Review of resident #1's record revealed that there was no physicians order for the Atenolol. B. On 9/27/07 at 11:30 a.m. when a State Surveyor was comparing resident #2's medications to the September 2007 MAR, the following observations were noted: 1. Resident #2's medication box contained the following medications: a. 1 bottle of Omeprazole 20 mg capsules. The label on the bottle read to take 1 capsule by mouth twice a day for stomach. b. 1 bottle of Alamag Susp. The label on the bottle read to take 2 tsp. by mouth every 4 hours as needed. c. 1 bottle of Acetaminophen 500 mg tablets 2. When resident #2's medications were compared to what was documented on the September 2007 MAR, the MAR read the following: a. Omeprazole take 1 capsule by mouth for stomach every night. The only documentation noted on the MAR was that the Omeprazole was being given at 4:00 p.m. instead of being given twice a day as was indicated on the bottle. b. The documentation on the MAR for the Alamag indicated to take only 1 tablespoon, instead of 2 tablespoons as was indicated on the bottle. c. The documentation on the MAR for the Acetaminophen indicated to take 300 mg instead of what was indicated on the bottle as 500mg. 3. When the physician's orders were reviewed for resident #2, the following was noted: a. Physicians orders dated 2/14/07 indicated to discontinue Triameterene 37.5 mg. When compared to the September 2007 MARS,	A36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A36	Continued From page 4 the documentation on the MARS revealed that resident #2 was still continuing to receive Triameterene 37.5 mg, b. Physicians orders dated 5/2/07 indicated to discontinue Transdermal patch and discontinue Vit C 1000 mg. When compared to the September 2007 MARS, the documentation on the MARS revealed that resident #2 was still continuing to receive the Transdermal Patch on (September 21, 24, 27) as well as the 1000mg of Vitamin C. C. On 9/27/07 at 11:30 a.m. when a State Surveyor was comparing resident #7's medications to the September 2007 MARS the following observations were noted: a. The documentation in the September 2007 MAR revealed that resident #7 was administered Triameterene 37.5 mg tablets. One tab daily from (September 1-28). When reviewing the Medications that were in resident #7's medication box, there was no medication of Triameterene 37.5 mg. When the physician orders were reviewed, there was no documentation of a physicians order for the Triameterene. D. On 9/27/07 at 12:30 p.m. during interview, the facility Administrator stated that "with all of our resident's, all we have as far as physicians orders is what it says on the label." E. On 9/27/07 at 12:40 p.m. during interview, Resident # 1 stated that "one week they had me taking 6 mg of Coumadin, then it was down to 2 mg and I'm not sure why. I also went about 4 days without my Nitroglycerin patch. That was about 3 weeks ago. They claimed they ordered it but I really don't know. I think they just forgot about it."	A36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2039	A. BUILDING _____ B. WING _____	C 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA SPRINGS ASSISTED LIVING	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
A36	Continued From page 5 F. On 10/2/07 at 5:30 p.m. during phone interview, a Home Health Nurse for resident #1 stated that staff at the facility verbalized to her (when she called to check on resident #1) the incorrect dosage of Coumadin that resident #1 was to be receiving.	A36		