

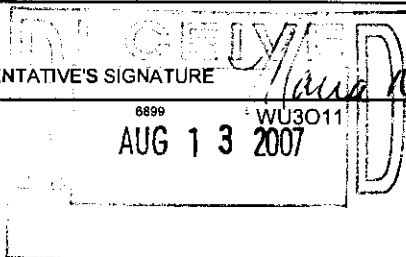
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2007
NAME OF PROVIDER OR SUPPLIER WESTWIND HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121	
(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)
A19	<p>7 NMAC 8.2.19 ADMISSIONS</p> <p>7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18).</p> <p>A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with:</p> <ol style="list-style-type: none"> (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. <p>B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following:</p> <ol style="list-style-type: none"> (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. 	A19	

*ES
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8-16-07*

Division of Health Improvement

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



TITLE

(X6) DATE

Laura N. Lopez Administrator 8/3/07

STATE FORM

6899 WU3011
AUG 13 2007

If continuation sheet 1 of 13

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A19	<p>Continued From page 1</p> <p>(4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold.</p> <p>(5) Any condition requiring either physical or chemical restraints.</p> <p>(6) Nasogastric tubes / gastric tubes.</p> <p>(7) Tracheostomy care.</p> <p>(8) Individuals presenting an imminent physical threat or danger to self or others.</p> <p>(9) Individuals whose physician certifies that placement is no longer appropriate.</p> <p>C. ADMISSION/RETENTION</p> <p>EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must:</p> <p>(1) Convene a team, comprised of:</p> <p>(a) The facility director.</p> <p>(b) The resident.</p> <p>(c) The resident's agent, guardian or surrogate decision maker.</p> <p>(d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker.</p> <p>(e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable.</p> <p>(f) Other appropriate health care professionals.</p> <p>(2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must:</p> <p>(a) Be based upon a individual service plan which identifies the resident's specific needs</p>	A19		

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A19	<p>Continued From page 2</p> <p>and addresses the manner that such needs will be met.</p> <p>(b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES).</p> <p>(c) Be based upon an assessment of the health, safety and well-being of the other facility residents.</p> <p>(d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents.</p> <p>(3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.19C (1-2)</p> <p>Based on records review and interview, the facility failed to convene a team (comprised of the facility director, resident, resident's agent, resident's advocate, physician, and other appropriate health care professionals) to jointly determine whether a resident requiring a greater degree of care than the facility would normally provide, should be allowed to remain in the facility for 2 of 2 total residents (100%) receiving hospice services. The findings are:</p> <p>A. During an interview with the Administrator on 7/23/07 at 11:00 a.m., the Administrator revealed</p>	A19		

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A19	Continued From page 3 that R2 and R3 were receiving hospice services. B. Review of R2's resident records revealed that R2 began receiving hospice services from Vista Care on 1/25/05 but there was no evidence that a team had been convened to determine whether R2 should be allowed to remain in the facility. C. Review of R3's resident records revealed that R3 began receiving hospice services from Amber Care sometime between 12/26/06 and 6/8/07 but there was no evidence that a team had been convened to determine whether R3 should be allowed to remain in the facility. D. During the exit interview with the Administrator on 7/23/07 at 2:00 p.m., the Administrator acknowledged that the facility failed to convene a team to determine whether R2 and R3 should be allowed to remain in the facility. The Administrator revealed that R2 is scheduled to be transferred to a nursing home on 7/31/07 and R3's team meeting has been scheduled for 7/25/07.	A19 A19	1. R2 has not moved to a nursing home as scheduled for August 1, 2007. A team meeting has been scheduled to convene on August 6, 2007 regarding the ability of the Alf to meet the resident needs. R3 has had the team meeting on 7/25/07 to determine if the needs of the resident can be met in the ALF. 2. It is necessary to convene the team meeting when require the need for hospice to determine if the ALF can continue to meet the resident needs or if other arrangements need to be made to assure the resident needs are met.	
A23	7 NMAC 8.2.23 FAC. REPORTS, RECS., P & PS & RULES 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports.	A23	3. All residents that are placed on hospice services while residing at the ALF shall have a team meeting convened to determine if the ALF can continue to meet the needs of the resident before being placed on hospice or within a week of being placed on hospice. 4. Completion Date 08/06/07	

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A23	Continued From page 4 (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file. (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills. (7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit. (10) Vaccination of pets in the facility.	A23		

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A23	<p>Continued From page 5</p> <p>(11) Staff training.</p> <p>(a) At orientation and on-going.</p> <p>(b) Appropriate to staff responsibilities.</p> <p>(Assistance with medications, dietary, environmental...)</p> <p>(c) Fire safety.</p> <p>(d) First aid.</p> <p>(e) Safe food handling practices.</p> <p>(f) Confidentiality of records and resident information.</p> <p>(g) Infection control (including universal precautions and linen handling).</p> <p>(h) Resident rights.</p> <p>(i) Providing Quality Resident care based on current resident need.</p> <p>(j) Reporting requirements for Abuse, Neglect or Exploitation.</p> <p>(12) A copy of License.</p> <p>(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.</p> <p>(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.</p> <p>(15) A copy of the floor plans as approved for licensure.</p> <p>B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:</p> <p>(1) The use of tobacco and alcohol.</p> <p>(2) The use of the telephone.</p> <p>(3) Operation of television, radio, and stereo.</p> <p>(5) Use and safekeeping of personal property.</p> <p>(6) Meals.</p> <p>(7) Use of common areas.</p> <p>(8) Electric blankets or appliances used</p>	A23		

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A23	<p>Continued From page 6</p> <p>by residents.</p> <p>C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:</p> <p>(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).</p> <p>(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).</p> <p>(3) The handling of resident's funds, if the facility provides such services.</p> <p>(4) Reporting of incidents, including abuse, neglect, and exploitation.</p> <p>(5) Handling of complaints.</p> <p>(6) Staff and resident fire and safety training.</p> <p>(7) Smoking.</p> <p>(8) The facility's bed hold policy.</p> <p>(9) Admission agreement.</p> <p>(10) Admission records.</p> <p>(11) Resident records.</p> <p>(12) Program Narrative.</p> <p>(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives.</p> <p>(14) Personnel policies.</p> <p>(15) Identifying and safeguarding resident possessions.</p> <p>(16) Securing medical assistance if a resident's own physician is not available.</p> <p>(17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers.</p> <p>(18) Staff training for employees who</p>	A23		

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A23	Continued From page 7 provide assistance to residents with boarding or alighting from motor vehicles. (19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.23A.(11)(c,d) Based on records review and interview, the facility failed to maintain documentation of ongoing staff training in fire safety and first aid for 3 of 3 sampled staff (100%). The findings are: A. Review of training records revealed no ongoing (annual) training in fire safety for S11, S12, and S13. B. Review of training records revealed no ongoing (annual) training in first aid for S12 and S13. C. During the exit-interview with the Administrator on 7/23/07 at 2:00 p.m., the Administrator acknowledged that the facility failed to conduct ongoing staff training in the above topics for S11, S12, and S13.	A23 A23	1. S11, S12, S13 have been scheduled to receive inservice training on first aid and fire safety. 2. It is important and required that all staff have ongoing inservice training as outlined in the regulations to improve on all aspects of resident care. 3. All staff shall receive ongoing inservice training in all the required topics. Staff not attending the scheduled inservice training shall be rescheduled for training and reprimanded as needed. 4. Completion Date 08/10/07	
A31	7 NMAC 8.2.31 HANDLING OF RESIDENT FUNDS 7.8.2.31 HANDLING OF RESIDENT FUNDS : A. Each resident shall have the right to manage his/her personal funds unless the resident's rights have otherwise been restricted by state or federal law, e.g., by a conservatorship. B. If the facility agrees, the resident may entrust his/her personal funds to the facility for	A31		

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A31	Continued From page 8 safekeeping and management. If this is done, the facility shall: (1) Have written authorization from the resident or his/her legal representative. (2) Maintain a written record of all financial transactions and arrangements involving the resident's funds, and make this written record available to the resident, his/her legal representative and Licensing Authority upon request. (3) Safeguard any and all funds received from the resident in an account separate from all other funds of, or held by, the facility. (4) Upon written or verbal request by the resident or his/her legal representative, return to the resident all or any part of the resident's funds given to the facility for safekeeping and management, including all interest accrued on the resident's deposits. (5) Upon the resident's death, provide the personal representative of the resident's estate or if no personal representative is appointed, the resident's next-of-kin with a complete accounting of all the resident's funds and personal property held by the facility, and transfer these funds and property to the personal representative, in accordance with Section 45-3-709 NMSA 1978, or if there is no personal representative, to the next-of-kin. C. No facility to whom a patient/client/resident's money or valuables have been entrusted shall mingle the resident's monies, valuables, or property, with that of the licensee, staff and/or management. Resident's and or patient's monies, valuables or property shall be maintained separate, intact, and free from any liability of the licensee, staff and/or management. [9-24-76, 7-11-86, 4-7-97, 6-15-98; 7.8.2.31 NMAC Rn, 7 NMAC 8.2.31, 8-31-00]	A31		

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A31	Continued From page 9 This REQUIREMENT is not met as evidenced by: 7.8.2.31B.(1) Based on interview the facility failed to have written authorization from the resident or legal representative to handle personal funds for 7 of 7 total residents (100%) for whom the facility manages personal funds. The findings are: A. During an interview with the Administrator on 7/23/07 at 1:00 p.m., the Administrator revealed that the facility handles personal funds (appx. \$100 per resident) for each of seven residents (R4-R10). B. During an interview with the Administrator on 7/23/07 at 1:00 p.m., the Administrator acknowledged that the facility failed to have written authorization from R4-R10 or their legal representatives to handle their personal funds.	A31 A31	1. Authorization letters have been mailed to all families of R4-R10 to permit Westwind House to handle the resident personal funds. These families are all out of town. 2. It is important to have authorization from the appropriate family member or legal representative of any resident when the ALF is handling the resident funds to assure that there is no misappropriation of resident monies.	
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor	A45	3. The Administrator shall follow up with phone calls and resend letters as necessary to gain complete compliance from all appropriate representatives. In the future, this letter of authorization shall be signed upon admission and placed in resident files. 4. Completion Date 08/20/07	

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A45	<p>Continued From page 10</p> <p>unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock.</p> <p>D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms.</p> <p>E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.</p> <p>F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means.</p> <p>G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices.</p> <p>H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual.</p> <p>[7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97; 7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.45A.</p> <p>Based on interview the facility failed to provide documentation that its fuel-fired (gas) heater had been checked, tested, and maintained annually</p>	A45		

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A45	Continued From page 11 by qualified personnel. The findings are: During the exit interview with the Administrator on 7/23/07 at 2:00 p.m., the Administrator acknowledged that the gas heater had not been inspected annually by qualified personnel.	A45		
A46	7 NMAC 8.2.46 WATER 7.8.2.46 WATER: A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries. B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority. C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00] This REQUIREMENT is not met as evidenced by: 7.8.2.46C. Based on observation and interview, the facility failed to maintain the hot water temperature	A46	<ol style="list-style-type: none"> 1. The only fuel fired (gas) heater the facility has is its water heater. For heating the building air in the winter, the system is electric heat and that system has been checked for safety in May 2007. However, the gas water heater is scheduled to be checked Wednesday 8/8/07. 2. All mechanical heaters, etc. are to be checked annually to assure they are safe and up to code to prevent resident or staff injury. 3. The gas fueled water heater shall be checked annually for safety. 4. Completion Date 08/08/07 	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2007
NAME OF PROVIDER OR SUPPLIER WESTWIND HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121		
(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
A46	Continued From page 12 accessible to residents between 95 degrees F and 110 degrees F. The findings are: A. Observation and testing of the hot water in resident room #3 with an accurate indicating thermometer on 7/23/07 at 12:00 p.m. revealed that the temperature in the sink was 121.5 degrees F and the temperature in the shower was 120.3 degrees F. B. Observation and testing of the hot water in resident room #17 with an accurate indicating thermometer on 7/23/07 at 12:00 p.m. revealed that the temperature in the sink was 113.1 degrees F and the temperature in the shower was 110.8 degrees F. C. Observation and testing of the hot water in resident room #26 with an accurate indicating thermometer on 7/23/07 at 12:00 p.m. revealed that the temperature in the sink was 122.3 degrees F and the temperature in the shower was 120.3 degrees F. D. During the exit interview with the Administrator on 7/23/07 at 2:00 p.m., the Administrator acknowledged that the hot water temperature accessible to residents exceeded the allowable range.	A46 A46	<ol style="list-style-type: none"> Water temperatures have been checked throughout the building and have been documented to be within the appropriate range of 95-110 degrees Fahrenheit. It is necessary to continue to watch water temperatures throughout the building as they may fluctuate and must be maintained within the safe range of 95-110 degrees Fahrenheit to protect the residents from injury. The administrator shall take water temperatures from various faucets and showers daily until she can document that water temperatures consistently are maintained in the appropriate range of 95-110 degrees Fahrenheit. She shall then check temperatures weekly and then monthly to assure compliance with the above temperatures. These temperatures shall be 	

documented and kept on site