

Division of Health Improvement

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 09/26/2006
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
A16	7 NMAC 8.2.16 STAFF QUALIFICATIONS  7.8.2.16 STAFF QUALIFICATIONS: A facility must employ staff that meet the following qualifications: A. ADMINISTRATOR/DIRECTOR/OPERATOR: (1) Be at least twenty-one (21) years of age. (2) Demonstrate basic respect for the dignity of residents. (3) Be financially solvent and have a good credit history (credit reports must be provided to verify this requirement). (4) Be of good moral character. Applicants must comply with the requirements of the New Mexico Caregivers Criminal History Screening Act. (5) Be able to communicate with the residents and other staff members in the language spoken by the majority of the residents and other employees. (6) Have a high school diploma or its equivalent. (7) Be of sound mind, and not currently dependent upon alcohol or illegal drugs. (8) Have a proven ability to administer, direct and operate an adult residential health facility as demonstrated by education and/or work experience and provide three notarized letters of reference from persons unrelated to the applicant sent with the application as a packet to the Licensing Authority. The evidence of education and experience must be detailed in either the Application or a separate resume or curriculum vitae. B. DIRECT CARE STAFF (1) Be of at least eighteen (18) years of age. (2) Have adequate education, training, or experience to provide for the needs of the	A16	<i>The corrective action that was taken is: Both employees that did not have a criminal history screening were fingerprinted and the finger prints and screening documentation were sent to the Dept. of Health's Criminal Screening Department. When an employee is hired, they will be fingerprinted when the information for their W2 is collected. They will be informed that they will not receive their first paycheck until they either come in for finger printing, or bring in a current screening report from the Dept. of Health. We will implement a Quality Assurance Plan which will include reference to the requirement of a</i>	

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*[Signature]*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Administrator*

(X6) DATE  
10/15/06

OCT 19 2006

9002 6 1 130

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A16	Continued From page 1 residents. (3) Be physically, mentally, and emotionally equipped to carry out responsibilities of resident care, including not being currently dependent upon alcohol or illegal drugs. [5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 5-28-99; 7.8.2.16 NMAC - Rn, NMAC 8.2.16, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 Refer to 7.8.2.16 Referencing Title 7 Part 9 Caregivers Criminal History Screening Requirements 7.1.9.8 Section F. Timely Submission.  Based on record review, the facility failed to submit all fees and pertinent application information for 1 of 11 employees (#4) no later than thirty (30) calendar days from the first day of employment. The findings are:  A. On 9/15/06 at 2:10 p.m review of employee (#4's) employee personnel file revealed that this employee was hired on 1/7/05 and a caregivers criminal history screening letter was not completed until 3/3/06. This is 14 months after the employee was hired.  Refer to 7.8.2.16 Referencing Title 7 Chapter 1 Part 9 Caregivers Criminal History Screening Requirements Effective 1/6/06 Section 7.1.9.8 F. Timely Submission  Based on record review and interview, the facility failed to submit all fees and pertinent application information for 2 of 11 employees (#5,11) no later than twenty (20) calendar days from the first day of employment. The findings are:	A16	<i>Criminal History Screening. (See attached Quality Assurance Plan.) Corrective action was completed on 10/12/06 by submission of the two Criminal History Screenings. The Quality Assurance Plan will be implemented on 10/20/06.</i>	10/20/06

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A16	Continued From page 2  A. On 9/15/06 at 2:10 p.m. review of employee (#5's) employee personnel file revealed that this employee was hired on 8/19/06. No documentation of fingerprints, or a caregivers criminal history screening letter was in the file. 1. Review of employee (#11's) employee personnel file revealed that this employee was hired on 6/22/06. No documentation of fingerprints, or a caregivers criminal history screening letter was in the file.  B. On 9/15/06 at 3:45 p.m. during interview the owner stated, "No I guess they don't have theirs."	A16		
A17	7 NMAC 8.2.17 PERSONNEL  7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following: A. Qualifications for all professional and non-professional disciplines. B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care. 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. D. Employee personnel records, including an application for employment, TB tests and	A17	<i>Sierra Springs Assisted Living will hold an annual inservice that will include: Fire Safety Training, First Aid, Infection Control, Residents' Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Confidentiality of Records, and Providing Quality Resident Care. The inservice will take place every first week in</i>	

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A17	Continued From page 3  certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00]  This REQUIREMENT is not met as evidenced by: Surveyor: 20402 Refer to 7.8.2.17 C  Based on record review and interview, the facility failed to ensure 8 of 11 employees (#1,2,3,4,6,8,9,10) had on-going, annual training/in-services to include: Fire Safety, First Aid, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Confidentiality of Records, and Providing Quality Resident Care. The findings are:  A. On 9/15/06 at 2:10 p.m. review of employee personnel files revealed the following: 1. Employee #1 was hired on 11/14/05. No on-going, annual trainings/in-service had been conducted since 11/14/05. 2. Employee #2 was hired on 5/24/05. No on-going, annual trainings/in-service had been conducted since 5/24/05. 3. Employee #3 was hired on 3/9/04. The last annual trainings/in-service conducted was 10/25/04. 4. Employee #4 was hired on 1/7/05. No on-going, annual trainings/in-service had been conducted since 1/11/05. 5. Employee #6 was hired on 8/24/03. The last annual trainings/in-service conducted was 8/10/04. 6. Employee #8 was hired on 11/16/04. No on-going, annual trainings/in-service had been	A17	<i>November. All of Sierra Springs Staff will be required to attend the in-service. All attendees will receive a certificate of completion that will remain in their files as evidence of completion. The in-service will be listed on the Quality Assurance Plan that will be read and signed by all employees. The first in-service will take place on November 7, 2006.</i>	11/7/06

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A17	Continued From page 4 conducted since 11/16/04. 7. Employee #9 was hired on 11/22/05. No on-going, annual trainings/in-service had been conducted since 11/22/05. 8. Employee #10 was hired on 10/18/04. No on-going, annual trainings/in-service had been conducted since 10/15/04.  B. On 9/26/06 at 12:10 p.m during interview, the owner stated that "with the trainings, we try to have them when someone is hired and we try to have them once a year. The owner further confirmed, saying "we really haven't had any trainings or inservices this year."  C. On 9/27/06 at 9:00 a.m. caregiver #9 confirmed no trainings or inservices have occurred by stating, "I've been here for 10 months, and we have had no training."	A17		
A34	7 NMAC 8.2.34 RESIDENT RIGHTS  7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents. A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding. B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority: (1) the resident's spouse; (2) any of the resident's adult children; (3) either of the resident's parents; (4) any relative the resident has lived	A34	<i>On October 11, 2006 a mail box was installed on the property and mail is now being delivered to the mail box on the property. It was placed on the east side of the property, in front of the building.</i>	<i>10/11/06</i>

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A34	Continued From page 5  with for six or more months before admission; (5) a person who has been caring for, or paying benefits on behalf of the resident; (6) a placing agency; or (7) any other person, e.g., Ombudsman. C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility; D. The facility, to protect resident rights must: (1) Treat all residents with courtesy, respect, dignity and compassion. (2) To the extent that resident required services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality. (3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any changes. (4) Assure that residents have a safe and sanitary living environment. (5) Provide humane care. (6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records. (7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room. (8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family,	A34		

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A34	Continued From page 6 friends, lawyers, ombudsmen and community organizations. (9) Prohibit the use of any and all physical and chemical restraints. (10) Assure the residents are free from physical and emotional abuse and neglect. (11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management. (12) Consistent with the resident's health, abilities and security, assure the right of the resident to freely participate in religious, social, community and other activities; and freely associate with persons in and out of the facility. (13) Permit the residents to leave the facility freely and return without unreasonable restriction. (14) Prevent unjustified room transfers or discharge from this facility. (15) Use care and management practices that foster social interaction and avoid practices that unnecessarily result in social isolation. (16) Provide services consistent with informed consent. (17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation. (18) Promptly address and resolve resident complaints. (19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment. (20) Respect a resident's choice of doctor, pharmacist and other health care provider. (21) Respect a resident's medical treatment decisions and advance directives, such	A34		

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A34	Continued From page 7  as living wills and durable powers of attorney for health care. (22) Respect a resident's right to keep and use personal possessions without loss or damage. (23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds. (24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management. (25) Require no resident to work for the facility. (26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker. (27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care. E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 Refer to 7.8.2.34 (4)  Based on observation record review and interview, the facility failed to ensure the safety of 2 of 15 residents (#14,15) that cross a busy street to obtain mail for the facility. The findings are:	A34		

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A34	<p>Continued From page 8</p> <p>A. On 9/21/06 at 3:30 p.m. during interview, the Ombudsman stated she had some concerns that some residents (#14,15) were having to walk across a busy street to get mail for the facility.</p> <p>B. On 9/26/06 at 2:30 p.m. during interview, resident #14 stated, I have to cross the street to get the mail. Usually it's a couple times a week and yes, it's dangerous. I've asked the owner for a larger mailbox and I was told "We'll have to spend money." Resident #14 further stated that "I feel responsible for getting the mail. I'm not a mail carrier for these people. If I see cars coming down the street they tend to stop for me."</p> <p>C. On 9/26/06 at 4:30 p.m. during interview, resident #15 stated, "Oh heck yeah, I've gone to get the mail across the street. Sure it would be nice to get a mail box put on this side of the street. Do I feel it's a safety hazard. Sure, but what can you do, this has been a problem we've had for a long time."</p> <p>D. On 9/27/06 at 10:30 a.m. during interview, caregiver #9 stated that there are two residents that she knew of, that go across the street for the mail. The caregiver further stated that we have been telling the owner for a long time but she doesn't do anything.</p> <p>E. On 9/27/06 at 11:30 a.m. during exit interview with the owner, resident #14 was observed walking out of the facility, down the driveway towards the busy street to get the mail. 1. The owner stated, that the post office said that they couldn't move the mail box and since it was already embedded in concrete they couldn't remove it.</p>	A34		

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A34	Continued From page 9  F. On 9/28/06 at 12:15 p.m. during interview, a Post Master from the local post office stated that "I don't see why we couldn't put the mail box on the same side of the facility." The Post Master called back at 1:51 p.m. stating that "my supervisor had approved the move 2 weeks ago, all they [the facility] has to do is move it."  Refer to 7.8.2.34 D. (4) Based on observation and interview, the facility failed to ensure the call box system was properly functioning and could be heard by staff to respond to and meet the needs of all residents (#1-15). The findings are:  A. On 9/21/06 at 3:30 p.m. during interview, the Ombudsman stated that she had some concerns about the call box volume system being turned down at night so staff won't hear it.  B. On 9/26/06 at 12:20 p.m. during interview, the owner stated that the call box volume is always turned up and is on high.  C. On 9/27/06 at 7:50 a.m. the surveyor asked agency staff #1 to push resident #6's call bell to see if it could be heard in any part of the facility. Upon doing that the call bell could barely be heard by the surveyor in the facility. Observation of the call box system confirmed that the volume had been turned all the way down. 1. At 10:30 a.m. the call bell system was again checked by caregiver #9 and still could barely be heard by the surveyor and the volume was all the way down.	A34	<i>The call box system was modified so that it only has two louder volumes available. This modification was completed on 10/14/06</i>	10/14/06
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT  7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who	A35		

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A35	Continued From page 10  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 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	A35	<i>Oxygen cylinders will all be placed in the storage room, individually secured. Our quality assurance plan will state that all Oxygen Cylinders are stored in a separate storage room in an oxygen rack, unless the oxygen cylinder is in use. The Quality Assurance Plan will be posted in the employees lounge and in the medication closet for all employees to read. A signed copy of the Quality Assurance Plan will be placed in</i>	

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A35	Continued From page 11  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 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. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (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. [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]  This REQUIREMENT is not met as evidenced by: Surveyor: 20402 Refer to NMAC 7.8.2.35 (A) (7)  Based on observation and interview, the facility failed to ensure 8 free standing oxygen tanks	A35	<i>each employee's file. The oxygen cylinders in the linen closet were relocated to the storage room on 10/13/06</i>  <i>There will be a bi-weekly audit of all medications. The audit form is inclosed with this plan of correction form. The first audit will begin on 10/21/06. The medications that were noted have been corrected. The audit form will identify if other residents have the potential of being affected. The</i>	<i>10/13/06</i>  <i>10/21/06</i>

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NAME OF PROVIDER OR SUPPLIER  <b>SIERRA SPRINGS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 LOS LENTES ROAD NE LOS LUNAS, NM 87031</b>		
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A35	Continued From page 12  were properly stored according to the National Fire Protection Association (NFPA) 99. The findings are:  A. NFPA 99-64, reads as follows: "4-5.1.1.1 Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over." 1. On 9/15/06 at 1:40 p.m. during initial tour of the facility, 8 free standing oxygen (E-type) cylinders were located inside a hallway closet standing upright and not individually secure.  B. On 9/27/06 at 9:10 a.m. a second observation confirmed that the 8 free standing oxygen (E-type) cylinders were still located inside the hallway closet standing upright and not individually secure.  C. On 9/27/06 at 12:15 p.m. during exit interview, the owner stated "I told resident #6's caregiver that she needs to put those oxygen tanks in the storage room in the proper containers, and your right they do need to be secure in some sort of container."	A35	<i>audit forms will be reviewed by the administrator once a month to make sure they are being completed correctly.</i>	<i>10/21/06</i>
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	A36		

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A36	Continued From page 13  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. (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	A36		

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A36	Continued From page 14 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. (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: Surveyor: 20402 Refer to 7.8.2.36 F  Based on observation record review and interview, the facility failed to ensure the Medication Administration Record (MAR) actually reflected the prescribed medications and PRN	A36		

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A36	<p>Continued From page 15</p> <p>(as needed) medications that were ordered by the physician for 10 of 15 residents (#1,2,5,6,7,8,10,11,13,15). The findings are:</p> <p>A. On 9/27/06 at 9:15 a.m. when the surveyor was comparing discrepancy medications to the Medication Administration Records (MAR) the following was noted:</p> <ol style="list-style-type: none"> <li>1. All of the MARS for each resident did not have a date as to what month it was. <ol style="list-style-type: none"> <li>a. Resident #1's MAR lists Phenytoin 100mg take 1 capsule at noon 2 capsules @ bedtime. When compared to the medication bottle, the bottle reads: Phenytoin Sodium 100mg Ext Capsules take three capsules by mouth every night at bedtime.</li> <li>b. Resident #1's MAR lists Benicor (no dosage listed). The prescription bottle reads: Benicor 20 mg take 1 tab by mouth every day.</li> <li>c. Resident #2's MAR lists Furosemide 20 mg take 1 tab daily. The prescription bottle reads: Furosemide 40 mg tab take 1 tab by mouth every day.</li> <li>d. Resident #2's MAR lists Aricept 10 mg take 1 tab daily, and Fluoxetine 40 mg take 1 capsule daily. There is no discontinued order on the MAR. There are no prescription bottles of these two medications on the medication box.</li> <li>e. Resident #5's MAR lists Warfarin 4 mg take 2 1/2 tabs at bedtime. The prescription bottle reads: Warfarin 2 mg tab as directed.</li> <li>f. Resident #5's Prescription Bottles read: <ol style="list-style-type: none"> <li>1. Lorazepam 0.5 mg take 1 tab @ bedtime.</li> <li>2. Equate-Anti-Diarrheal</li> <li>3. Acetaminophen/COD #3 take 1 tab every 4 hrs as needed</li> <li>4. Zyrtec 10 mg tab take 1 tab every day as needed</li> </ol> </li> </ol> <p>These medications are not listed on the MAR for</p> </li></ol>	A36		

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A36	Continued From page 16 resident #5.  g. Resident #6's MAR lists Furosemide (no dosage) take 1 tab daily. The prescription bottle reads: Furosemide 40 mg take 1 tab twice daily.  On 9/27/06 at 8:30 a.m. during interview, caregiver #9 stated that "we've been giving her [resident #6] 1/2 of the Furosemide because she requests it. Even though the bottle/MAR says take 1 tablet. The caregiver further stated "I always give her 1 but she gives me 1/2 back." On 9/27/06 at 8:50 a.m. during interview, resident #6 stated "I take 1/2 pill. I have for a couple of months. I have a cutter of my own. Staff give me 1 full pill. No, there is no order for getting 1/2 a pill." On 9/27/06 at 9:00 a.m. observation revealed agency caregiver #1 cutting resident #6's Furosemide in half with a pill cutter for the resident to take. The agency caregiver #1 also confirmed "there is no order for getting 1/2 a pill instead of getting 1 full tablet."  h. Resident #7's MAR lists Zolof 100 mg take 1 tab daily. The prescription bottle reads: Zolof 100mg tab. Take 1 1/2 tablets every day. i. Resident #7's MAR lists Proxopxlene take 1 tab as needed for pain. There is no prescription bottle for this medication. j. Resident #7's MAR lists Roxicet take 1 tab x2 day as needed. There is no prescription bottle of Roxicet present. k. Resident #7's MAR lists Oxazepam 10 mg take 1 tab @ morning 2 tablets at 3:00p.m. The prescription bottle reads: Oxazepam 10 mg take 1 capsule at bedtime. l. Resident #8's Prescription Bottle read: Meclizine 25 mg tab take 1 tab 3 times a day as needed for dizziness. This medication was not	A36		

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A36	<p>Continued From page 17</p> <p>listed on the MAR.</p> <p>m. Resident #10's MAR lists Iron 27 mg take 1 tab daily. The prescription bottle reads: Iron 326 mg as directed.</p> <p>n. Resident #10's MAR lists Paroxetine take 1/2 tab daily. (There is no dosage listed on the MAR). The prescription bottle reads: Paroxetine HCL 10 mg tab 1/2 tablet every day.</p> <p>o. Resident #10's MAR lists Oscal 500+D take 1 tab daily. There is no bottle of Oscal in the residents medication box.</p> <p>p. Resident #10's MAR lists Amoxicillin 500 mg take 4 capsules. There is no bottle of Amoxicillin in the residents medication box.</p> <p>q. Resident #11's MAR lists HCTZ take 1 tab daily (there is no dosage on the MAR). The prescription bottle reads HCTZ 25 mg tab take 1 tab by mouth everyday.</p> <p>r. Resident #13's prescription bottle reads: Diclofenac 5 mg tab take one tab by mouth twice daily with food. (This bottle says d/c on the lid) This medication was not located on the MAR and was mixed in with the regular meds.</p> <p>s. Resident #15 had 2 bottles of the same medication (Methylphenidate 10 mg tab) mixed in with the other medications.</p> <p>t. Resident #15's prescription bottle reads: HCTZ 25 mg take 1 tab every day. (This medication was not listed on the residents MAR).</p> <p>Refer to 7.8.2.36 C Based on observation record review and interview, the facility failed to follow physicians orders for prescription medications for 4 of 15 residents (#2,5,6,10). The findings are:</p> <p>A. On 9/27/06 at 9:15 a.m. during review of resident #2's Medication Administration Record (MAR), the following was noted:</p>	A36		

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A36	<p>Continued From page 18</p> <p>1. Resident #2's MAR listed Furosemide 20 mg take 1 tab daily. The prescription bottle read: Furosemide 40 mg tab take 1 tab by mouth every other day.</p> <p>2. The physician orders dated 2/28/06 read: Decrease Furosemide to 1/2 40 mg daily.</p> <p>B. On 9/27/06 at 9:15 a.m. during review of resident #5's MAR, the following was noted:</p> <p>1. Resident #5's MAR listed Warfarin 4 mg take 2 1/2 tab at bedtime. The prescription bottle read: Warfarin 2 mg tab as directed. Review of the entire chart revealed no physician order for the Warfarin.</p> <p>C. On 9/27/06 at 9:15 a.m. during review of resident #6's (MAR), the following was noted:</p> <p>1. Resident #6's MAR listed Furosemide (no dosage) take 1 tab daily. The prescription bottle read: Furosemide 40 mg take 1 tab twice daily.</p> <p>D. On 9/27/06 at 8:30 a.m. during interview, caregiver #9 stated that "we've been giving her [resident #6] 1/2 of the Furosemide because she requests it. Even though the bottle/MAR says to take 1 tablet. The caregiver further stated, "I always give her 1 but she gives me 1/2 back."</p> <p>E. On 9/27/06 at 8:50 a.m. during interview, resident #6 stated "I take 1/2 a pill. I have for a couple of months. I have a cutter of my own. Staff give me 1 full pill. No, there is no order for getting 1/2 a pill."</p> <p>F. On 9/27/06 at 9:00 a.m. observation revealed agency caregiver #1 cutting resident #6's Furosemide in half with a pill cutter for the resident to take. The agency caregiver #1 also confirmed "there is no order for getting 1/2 a pill instead of getting 1 full tablet."</p> <p>1. Review of the full medical record for resident</p>	A36		

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A36	Continued From page 19  #6 revealed no order for the Furosemide to be given 1/2 tablet. Review of Physicians orders dated 6/26/06 read: She [resident #6] also said you put her on Furosemide? (Lasix). There is no specific physician order stating dosage of the furosemide, or how often.  G. On 9/27/06 at 9:15 a.m. during review of resident #10's MAR, the following was noted: 1. Resident #10's MAR listed Iron 27 mg take 1 tab daily. The prescription bottle reads: Iron 325 mg as directed. Review of the entire medical chart revealed no physician order for the Iron. 2. On 10/2/06 at 5:00 p.m. review of a fax from the facility regarding resident #10's Iron, it reads: "There is not an order for Iron for resident #10. We called to get an order but they still don't have it ready."	A36		