

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
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NAME OF PROVIDER OR SUPPLIER SENIOR LIVING SYSTEMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031
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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 000	Initial Comments The following deficiency was cited during a complaint investigation survey that was completed on 04/04/14 for the New Mexico Requirements for Assisted Living Facilities for Adults, 7 NMAC 8.2. Complaint # NM 29374 was substantiated.	A 000		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall:	A 033		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 033	<p>Continued From page 1</p> <p>(1) treat all residents with courtesy, respect, dignity and compassion;</p> <p>(2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;</p> <p>(3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes;</p> <p>(4) provide residents with a safe and sanitary living environment;</p> <p>(5) provide humane care for all residents;</p> <p>(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;</p> <p>(7) protect the confidentiality of the resident ' s medical record;</p> <p>(8) protect the 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;</p> <p>(9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations;</p> <p>(10) prohibit the use of any and all physical and chemical restraints;</p> <p>(11) ensure that residents:</p> <p>(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;</p> <p>(b) are free from financial abuse and misappropriation by facility staff or management;</p> <p>(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;</p> <p>(d) are free to leave the facility and return without unreasonable restriction;</p>	A 033		

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A 033	<p>Continued From page 2</p> <p>(e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility;</p> <p>(f) have an environment that fosters social interaction and avoids social isolation;</p> <p>(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;</p> <p>(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation;</p> <p>(i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner;</p> <p>(j) have the right to participate in the development of their care plan/ISP;</p> <p>(k) have the right to choose a doctor, pharmacist and other health care provider(s);</p> <p>(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney;</p> <p>(m) have the right to keep and use personal possessions without loss or damage;</p> <p>(n) have the right to manage and control their personal finances;</p> <p>(o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management;</p> <p>(p) shall not be required to work for the facility; and</p> <p>(q) are protected from unjustified room transfers or discharge.</p> <p>E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the</p>	A 033		

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A 033	<p>Continued From page 3</p> <p>resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: This deficiency refers to paragraph 7.8.2.33 D(4);</p> <p>Based on observation and interview, the facility failed to ensure a safe and sanitary living environment for all of its fifteen residents.This deficient practice is noncompliant with intended product use. The findings are:</p> <p>A. On 04/04/14 at 11:30 am, during a walk through the home, small plastic medicine cups were observed on the kitchen counter of each of the homes. The facility Director/Owner explained that these cups were used to administer medications to residents and were rinsed and disinfected by soaking in chlorine before being reused. Cups that were reused were not reserved for use by a single resident. Any resident of the home could receive his/her medication in a cup that was previously used by another resident.</p> <p>B. On 04/09/14 at 11:00 am, during telephonic interview, the administrative assistant for the facility provided the surveyor with information concerning the cups that were being reused to administer medications to residents. This information revealed that the cups are [brand deleted] polystyrene plastic translucent Souffle 1 ounce portion cups.</p> <p>C. On 04/11/14 at 2:45 pm, during telephonic interview, the national sales manager for the</p>	A 033		

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A 033	Continued From page 4 company that produces the souffle cups stated that the cups are intended for single use. D. On 04/30/14 at 2:30 pm, during telephonic interview, the facility administrator acknowledged the practice of reusing single use cups and stated, "If we have to change that, we will change it."	A 033		