

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2017
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS RIO RANCHO	STREET ADDRESS, CITY, STATE, ZIP CODE 920 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited as a result of a Full-Onsite/Complaint survey completed on 10/13/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.</p> <p>Complaint Intake NM#30365 was unsubstantiated with no deficiencies cited.</p>	A 000		
A 017	<p>7 NMAC 8.2.17 Staff Training</p> <p>STAFF TRAINING:</p> <p>A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents.</p> <p>B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility.</p> <p>C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include:</p> <ol style="list-style-type: none"> (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: <ol style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; 	A 017		

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

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A 017	<p>Continued From page 1</p> <p>(10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.17 A</p> <p>Based on record review and interview, the facility failed to ensure for 2 (DCS #s 2 and 3) of 4 (DCS #s 1-4) Direct Care Staff that they received the required 16-hour supervised training prior to providing unsupervised care. This deficient practice has the potential for all 76 (R #s 1-76) residents on the census provided by the Health and Wellness Coordinator on 10/10/17, to be at risk of harm or injury if staff have not received the required supervised training on the proper methods of providing care and services before providing care to residents. The findings are:</p> <p>A. Record review of DCS #2's (date of hire 02/15/17) Skills Self Evaluation/Needs Assessment & Hands On Training Worksheet dated 02/23/17 revealed only one day (eight hour shift) of supervised training.</p> <p>B. Record review of DCS #3's (date of hire 05/23/17) Skills Self Evaluation/Needs</p>	A 017		

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A 017	Continued From page 2 Assessment & Hands On Training Worksheet dated 06/07/17 revealed only one day (eight hour shift) of supervised training. C. On 10/12/17 at 1:30 pm, during interview with Health and Wellness Director, she confirmed that DCS #s 2 and 3 had only eight hours of the required 16-hours supervised training.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident's surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13	A 020		

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A 020	<p>Continued From page 3</p> <p>NMAC;</p> <p>(11) the facility ' s bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit.</p>	A 020		

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A 020	<p>Continued From page 4</p> <p>Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. 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 remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to 	A 020		

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A 020	<p>Continued From page 5</p> <p>remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident's file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider.</p> <p>[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20</p>	A 020		

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A 020	<p>Continued From page 6</p> <p>NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (8) (12) C (1)</p> <p>Based on record review and interview the facility failed to ensure for 7 (R #s 1-7) of 7 (R #s 1-7) residents that:</p> <ol style="list-style-type: none"> 1. The Admissions Agreement reviewed for compliance was accurate and included the following: <ol style="list-style-type: none"> a. Staffing ratio. b. The admissions agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. 2. An Admission/Retention team meeting was convened prior to admitting/retaining residents on hospice. <p>This deficient practice has the potential for residents to be at risk of harm if:</p> <ol style="list-style-type: none"> 1. Residents are unaware of the number of staff available for care and services. 2. Being discharged before an appropriate placement was found. 3. A higher level of care and services is needed than the facility would normally provide. <p>The findings for Admissions Agreement:</p> <p>A. Record review of R #1's Admission Agreement dated 10/28/16 revealed missing required information for:</p> <ol style="list-style-type: none"> 1. The staffing ratio stating the number of staff that is assigned to the number of residents. 2. The admissions agreement can be terminated by the facility "if" an appropriate 	A 020		

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A 020	<p>Continued From page 7</p> <p>placement has been found for the resident.</p> <p>B. Record review of R #2's Admission Agreement dated 09/29/17 revealed missing required information for:</p> <ol style="list-style-type: none"> 1. The staffing ratio stating the number of staff that is assigned to the number of residents . 2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. <p>C. Record review of R #3's Admission Agreement dated 10/07/17 revealed missing required information for:</p> <ol style="list-style-type: none"> 1. The staffing ratio stating the number of staff that is assigned to the number of residents . 2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. <p>D. Record review of R #4's Admission Agreement dated 02/01/17 revealed missing required information for:</p> <ol style="list-style-type: none"> 1. The staffing ratio stating the number of staff that is assigned to the number of residents . 2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. <p>E. Record review of R #5's Admission Agreement dated 01/20/17 revealed missing required information for:</p> <ol style="list-style-type: none"> 1. The staffing ratio stating the number of staff that is assigned to the number of residents . 2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident. <p>F. Record review of R #6's Admission Agreement dated 05/05/17 revealed missing required</p>	A 020		

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A 020	<p>Continued From page 8</p> <p>information for:</p> <p>1. The staffing ratio stating the number of staff that is assigned to the number of residents.</p> <p>2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident.</p> <p>G. Record review of R #7's Admission Agreement dated 02/21/13 revealed missing required information for:</p> <p>1. The staffing ratio stating the number of staff that is assigned to the number of residents.</p> <p>2. The admission agreement can be terminated by the facility "if" an appropriate placement has been found for the resident.</p> <p>H. On 10/12/17 at 10:00 am, during interview with the Administrator, he confirmed that the required above information was missing from R #s 1-7 Admission Agreements.</p> <p>Findings relating to Hospice Team Meeting</p> <p>I. Record review of R #3's file (hospice start date [REDACTED]/17) revealed, no documentation indicating that a hospice team meeting took place between the facility, resident/power of attorney and hospice agency before hospice services began on 10/07/17.</p> <p>J. Record review of R #4's file (hospice start date [REDACTED]/17) revealed, no documentation indicating that a hospice team meeting took place between the facility, resident/power of attorney and hospice agency before hospice services began on [REDACTED]/17.</p> <p>K. On 10/12/17 at 2:30 pm, during an interview with the Health and Wellness Director, she confirmed that a hospice team meeting for R #s 3</p>	A 020		

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A 020	Continued From page 9 and 4 did not take place.	A 020		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy.</p> <p>A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or</p>	A 034		

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A 034	<p>Continued From page 10</p> <p>her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p>	A 034		

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A 034	<p>Continued From page 11</p> <p>(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 shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be 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.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7)</p> <p>Reference NFPA 99 (Healthcare Facilities Code) 2012 Edition NFPA 99. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in</p>	A 034		

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A 034	<p>Continued From page 12</p> <p>11.3.2.1 through 11.3.2.3.</p> <p>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft)</p> <p>(2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m³ (300 ft³) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p>	A 034		

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A 034	<p>Continued From page 13</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum:</p> <p>CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition</p> <p>Based on observation and interview, the facility failed to ensure that Oxygen Cylinder Tanks were secured and stored correctly. This deficient practice has the potential for all 76 (R #s 1-76) residents identified on the census provided by the Health and Wellness Coordinator on 10/10/17, to be at risk of harm or injury if Oxygen Cylinder Tanks were to be knocked over and may act like a missile, and if a fire occurs, oxygen cylinder</p>	A 034		

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A 034	<p>Continued From page 14</p> <p>tanks stored with combustibles accelerates the fire. The findings are:</p> <p>A. On 10/11/17 at 10:00 am, during observation of R #8's room #114, there were six [REDACTED] stored in the room.</p> <p>B. On 10/11/17 at 11:00 am, during observation of R #9's room #213, there were [REDACTED] were stored in the room.</p> <p>C. On 10/11/17 at 10:15 am, during observation of R #10's room #219, there was [REDACTED] lying down on a shelf stored in the closet with clothes and shoes. During an interview with DCS #5, she confirmed that there were four [REDACTED] lying down on a shelf stored in the closet with clothes and shoes.</p> <p>D. On 10/11/17 at 11:35 am, during interview with the Guest Service Manager, she confirmed that R #8 has [REDACTED] stored in the room and R #9 has [REDACTED] stored in the room.</p>	A 034		
A 042	<p>7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p>MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:</p> <p>A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary</p>	A 042		

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A 042	Continued From page 15 and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.42 A B Based on observation and interview, the facility failed to ensure that the grounds were free of tripping hazards. This deficient practice has the potential for all 76 (R #s 1-76) residents identified on the resident census provided by the Health and Wellness Coordinator on 10/10/17, to be at risk of being injured if they were to trip and/or fall because of the safety hazards on the sidewalks. The findings are: A. On 10/12/17 at 11:45 am, during an observation of the sidewalks on the facility's property, there were several uneven concrete slabs at the rear of the property. B. On 10/12/17 at 1:30 pm, during interview with the Maintenance Director, he confirmed that the sidewalk on the facility's property has several uneven concrete slabs.	A 042		
A 044	7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation HEATING, AIR-CONDITIONING AND	A 044		

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A 044	<p>Continued From page 16</p> <p>VENTILATION:</p> <p>A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel.</p> <p>B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents.</p> <p>C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock.</p> <p>D. Fireplaces and open flame heating shall not be utilized in sleeping rooms.</p> <p>E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.</p> <p>F. The facility shall 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 shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices.</p> <p>H. The facility shall have a system for maintaining the residents comfort during periods of hot</p>	A 044		

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A 044	<p>Continued From page 17</p> <p>weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.44 A.</p> <p>Based on record review and interview, the facility failed to ensure that the gas heating system and water heating system were checked, tested, and maintained annually. This deficient practice has the potential for all 76 (R #s 1-76) residents identified on the census provided by the Health and Wellness Coordinator on 10/10/17, to be at risk of harm if the gas furnace and/or gas water heater has a gas/carbon monoxide leak. The findings are:</p> <p>A. Record review of the maintenance file revealed no documentation for inspections of the gas furnace or the gas water heater.</p> <p>B. On 10/13/17 at 11:20 am, during interview with the Administrator, he confirmed that the gas furnace and the gas water heater have not been serviced.</p>	A 044		
A 068	<p>7 NMAC 8.2.68 Hospice</p> <p>HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p>	A 068		

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A 068	<p>Continued From page 18</p> <p>A. Definitions: in addition to the requirements for all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply.</p> <p>(1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC.</p> <p>(2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms.</p> <p>(3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department of health.</p> <p>(4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.</p> <p>(5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services.</p> <p>(6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure.</p>	A 068		

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A 068	<p>Continued From page 19</p> <p>(7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live.</p> <p>(8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination.</p> <p>B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services:</p> <p>(1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and</p> <p>(2) offer an ongoing employee psychological support program for end of life care issues.</p> <p>C. Individual service plan (ISP) requirements.</p> <p>(1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care staff.</p> <p>(2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following:</p> <p>(a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC;</p> <p>(b) what services are to be provided;</p> <p>(c) who will provide the services;</p> <p>(d) how the services will be provided;</p> <p>(e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process;</p> <p>(f) documentation (visit notes) of the care and</p>	A 068		

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A 068	<p>Continued From page 20</p> <p>services that are provided with the signature of the person who provided the care and services; and</p> <p>(g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them.</p> <p>(3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:</p> <p>(a) a physician;</p> <p>(b) a physician extender (PA or NP);</p> <p>(c) a licensed nurse (RN or LPN);</p> <p>(d) the resident if their PCP has approved it;</p> <p>(e) family or family designee; and</p> <p>(f) any other individual in accordance with applicable state and local laws.</p> <p>D. Care coordination.</p> <p>(1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC.</p> <p>(2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC.</p> <p>(3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation.</p> <p>(a) The facility shall provide individual records for each resident.</p> <p>(b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record.</p>	A 068		

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A 068	<p>Continued From page 21</p> <p>(4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions.</p> <p>(5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC.</p> <p>(6) The assisted living facility shall ensure the coordination of services with the hospice agency.</p> <p>(a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs.</p> <p>(b) The assisted living facility shall receive information and communication from the hospice staff at each visit.</p> <p>(i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.).</p> <p>(ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation.</p> <p>(c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members.</p> <p>(d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator.</p> <p>(i) The process may be informal or formal depending on the nature of the issue.</p>	A 068		

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A 068	<p>Continued From page 22</p> <p>(ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified.</p> <p>E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements:</p> <p>(1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP;</p> <p>(2) private visiting space:</p> <p>(a) physical space for private family visits;</p> <p>(b) accommodations for family members to remain with the patient throughout the night; and</p> <p>(c) accommodations for family privacy after a resident ' s death.</p> <p>F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid.</p> <p>[7.8.2.68 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.68 D (2)</p> <p>Based on record review and interview the facility failed to ensure that 2 (R #s 3 and 4) of 2 (R #s 3 and 4) residents who were receiving hospice services had a team meeting prior to accepting or retaining the hospice residents. This deficient practice has the potential for residents receiving hospice services to be at risk of not receiving the higher level of care and services they need. The findings are:</p>	A 068		

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A 068	<p>Continued From page 23</p> <p>A. Record review of R #3's file (hospice start date [REDACTED]/17) revealed, no documentation indicating that a hospice team meeting took place between the facility, resident/power of attorney and hospice agency before hospice services began on [REDACTED]/17.</p> <p>B. Record review of R #4's file (hospice start date [REDACTED]/17) revealed, no documentation indicating that a hospice team meeting took place between the facility, resident/power of attorney and hospice agency before hospice services began on [REDACTED]/17.</p> <p>C. On 10/12/17 at 2:30 pm, during an interview with the Health and Wellness Director, she confirmed that a hospice team meeting for R #s 3 and 4 did not take place.</p>	A 068		