

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 R-C 03/09/2005
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NAME OF PROVIDER OR SUPPLIER SIERRA SPRINGS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 503 LOS LENTES ROAD NE LOS LUNAS, NM 87031
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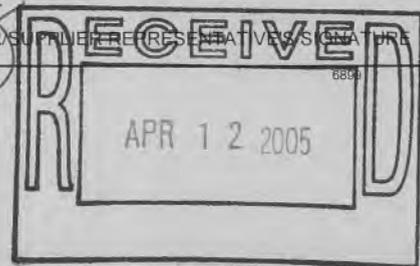
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{A27}	<p>7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN</p> <p>7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will be provided. (3) Who will provide the services. (4) When or how often the services will be provided. (5) How the services will be provided. (6) Where the services will be provided. (7) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 THE FACILITY FAILED TO IMPLEMENT THE PLAN OF CORRECTION FOR SURVEY DATED 11/5/04 AS OF THE REVISIT DATED 3/9/05. THE FINDINGS FROM THE REVISIT ARE:</p>	{A27}	<p>An individual service plan will be developed and signed by a nurse within fourteen days of resident admission. The Individual Service Plan will have a place for the date of the initial completion of the service plan. Individual Service Plans will be reviewed by a nurse and updated on the 20th of November and on the 20th of May of every year. The review of the individual service plans will be monitored by the administrator. The administrator will sign and date the Individual Service Plans at the time of review and completion.</p>	4/23/05
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE Administrator (X6) DATE 4/11/05



SK6S12

If continuation sheet 1 of 10

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{A27}	Continued From page 1 BASED ON RECORD REVIEW AND INTERVIEW THE FACILITY FAILED TO DEVELOP AND IMPLEMENT A INDIVIDUAL SERVICE PLAN WITHIN FOURTEEN DAYS OF ADMISSION FOR 13 OF 15 SAMPLED RESIDENTS. (R#1, R#2, R#3, R#5, R#6, R#7, R#8, R#9, R#11, R#12, R#13, R#14, R#15). A. ON 3/9/05 REVIEW OF RESIDENT MEDICAL RECORDS REVEALED THAT: 1. RESIDENT (R#1) WAS ADMITTED TO THE FACILITY ON 8/31/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED UNTIL A REGISTERED NURSE CAME IN ON 1/14/05. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 2. RESIDENT (R#2) WAS ADMITTED ON 2/19/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED UNTIL A REGISTERED NURSE CAME IN ON 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 3. RESIDENT (R#3) WAS ADMITTED ON 10/3/03. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 4. RESIDENT (R#5) WAS ADMITTED ON 8/23/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 1/14/05. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN	{A27}			

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{A27}	Continued From page 2 DAYS OF ADMISSION. 5. RESIDENT (R#6) WAS ADMITTED ON 10/3/03. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 6. RESIDENT (R#7) WAS ADMITTED ON 8/31/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 1/14/05. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 7. RESIDENT (R#8) WAS ADMITTED ON 10/17/03. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 8. RESIDENT (R#9) WAS ADMITTED ON 6/25/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 9/23/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 9. RESIDENT (R#11) WAS ADMITTED ON 6/2/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 10. RESIDENT (R#12) WAS ADMITTED ON 4/2/04. A INDIVIDUAL SERVICE PLAN WAS	{A27}		

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{A27}	Continued From page 3 NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 11. RESIDENT (R#13) WAS ADMITTED ON 10/8/03. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 7/17/04. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 12. RESIDENT (R#14) WAS ADMITTED ON 7/10/04. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 1/14/05. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. 13. RESIDENT (R#15) WAS ADMITTED ON 12/1/03. A INDIVIDUAL SERVICE PLAN WAS NOT REVIEWED BY A REGISTERED NURSE UNTIL 1/14/05. THERE WAS NO DATE AS TO WHEN THE INITIAL INDIVIDUAL SERVICE PLAN WAS CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION. B. ON 3/9/05 AT 1:15 P.M. DURING INTERVIEW WITH THE FACILITY ADMINISTRATOR IT WAS STATED THAT: 1. THE INDIVIDUAL SERVICE PLANS ARE BEING CONDUCTED WITHIN FOURTEEN DAYS OF ADMISSION BUT NO DATES WERE BEING RECORDED UNTIL THE REGISTERED NURSE COMES IN TO REVIEW THEM. 2. THE DATES THAT ARE ON THE RESIDENT'S INDIVIDUAL SERVICE PLANS ARE ONLY WHEN THE REGISTERED NURSE	{A27}			

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{A27}	Continued From page 4 COMES IN. 3. THE ADMINISTRATOR STATED THAT CURRENTLY THERE IS NO WHERE ON THE INDIVIDUAL SERVICE PLANS INDICATING WHEN THEY HAVE BEEN CONDUCTED WITHIN THE FOURTEEN DAYS OF ADMISSSION. 7.8.2.27 INDIVIDUAL SERVICE PLANS BASED ON RESIDENT MEDICAL RECORD REVIEW AND INTERVIEW WITH ADMINISTRATOR, THE FACILITY FAILED TO PROVIDE DOCUMENTATION OF INDIVIDUAL SERVICE PLANS WITH CURRENT DATES THEY WERE BEING REVIEWED OR SIGNATURE OF PERSONS REVIEWING THE INDIVIDUAL SERVICE PLANS FOR 9 OF 10 RESIDENTS. (C#1, C#2, C#3, C#4, C#5, C#6, C#7, C#8, C#9). A. ON 11/05/2004 AT 1:00 P.M. REVIEW OF RESIDENT MEDICAL RECORDS AND INTERVIEW WITH ADMINISTRATOR REVEALED THAT RESIDENT (C#1) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 7/17/2004. RESIDENT (C#1) WAS ADMITTED TO THE FACILITY ON 6/2/2004. THE INDIVIDUAL SERVICE PLAN WAS NOT CONDUCTED IN A TIMELY MANNER. RESIDENT (C#2) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 3/2/2004. RESIDENT (C#2) WAS ADMITTED TO THE FACILITY ON 10/03/2003. THE INDIVIDUAL SERVICE PLAN WAS NOT SIGNED BY THE REVIEWING RN AND THE DOCUMENTATION SHOWED THE DATE THE INDIVIDUAL SERVICE PLAN WAS	{A27}		

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{A27}	Continued From page 5 REVIEWED WAS 7/17/2004. RESIDENT (C#3) HAD AN INDIVIDUAL SERVICE PLAN DATE OF 9/23/2004. RESIDENT (C#3) WAS ADMITTED TO THE FACILITY ON 6/24/2004. THE INDIVIDUAL SERVICE PLAN WAS NOT CONDUCTED IN A TIMELY MANNER. RESIDENT (C#4) HAD AN INDIVIDUAL SERVICE PLAN THAT WAS DATED 7/17/2004 AND HAD NO SIGNATURE OF REVIEWING RN ON DOCUMENTATION. RESIDENT (C#4) HAD BEEN ADMITTED ON 8/31/2004. (ONE MONTH AFTER DOCUMENTATION STATED THAT THE INDIVIDUAL SERVICE PLAN HAD BEEN REVIEWED.) RESIDENT (C#5) HAD NO DATE OR SIGNATURE DOCUMENTED ON THE INDIVIDUAL SERVICE PLAN. RESIDENT (C#6) WAS ADMITTED TO THE FACILITY ON 12/01/2003. DOCUMENTATION OF RESIDENT (C#6) INDIVIDUAL SERVICE PLAN WAS DATED 7/17/2004. RESIDENT (C#7) WAS ADMITTED TO THE FACILITY ON 8/23/2004. NO DOCUMENTATION OF A SIGNATURE OF REVIEWING RN OR DATE REVIEWED WAS DOCUMENTED ON RESIDENT (C#7) INDIVIDUAL SERVICE PLAN. RESIDENT (C#8) WAS ADMITTED ON 10/17/2003. NO DOCUMENTATION OF SIGNATURE OF REVIEWING RN WAS REVEALED. DATE ON INDIVIDUAL SERVICE PLAN AS BEING REVIEWED WAS FOR 7/17/2004. RESIDENT (C#9) WAS ADMITTED TO THE FACILITY ON 3/29/2004. THE DATE REVIEWED ON THE INDIVIDUAL SERVICE PLAN WAS DATED 7/17/2004. B. ON 11/05/2004 AT 1:00 P.M. INTERVIEW WITH ADMINISTRATOR WAS CONDUCTED. ADMINISTRATOR STATED THAT EVERY SIX MONTHS AN RN HAS COME TO FACILITY TO	{A27}		

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{A27}	Continued From page 6 REVIEW THE INDIVIDUAL SERVICE PLANS. ADMINISTRATOR STATED THAT THE LAST TIME THE RN CAME TO THE FACILITY WAS 7/17/2004. SHE STATED THAT THE DATES THAT ARE CURRENTLY ON THE RESIDENTS INDIVIDUAL SERVICE PLANS ARE WHEN THE RN COMES TO THE FACILITY TO DO HER REVIEW AND THAT THE FACILITY HAD NOT CHANGED THAT DATE OF 7/17/2004.	{A27}		
{A38}	7 NMAC 8.2.38 FOOD MANAGEMENT 7.8.2.38 FOOD MANAGEMENT: Each facility must store, prepare, distribute and serve food under sanitary conditions and in accordance with the New Mexico Environment Department Food Service and Processor Regulations, if applicable. A. Each facility shall ensure a minimum of a three (3) day supply of perishable and a five (5) day supply of non-perishable or canned food is provided for the residents. B. All milk, to include dry milk products, shall be Grade A pasteurized. C. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below or at 140 degrees F or above. D. Each refrigerator and freezer shall be provided with an indicating thermometer accurate to plus or minus 3 degrees F, located in the warmest section of the refrigeration facility and must be of such type and so situated that the thermometer can be easily read. Thermostats shall not be relied upon to maintain temperatures at correct levels in the absence of thermometers. The temperature of the refrigerator shall be 35 degrees F- 45 degrees F. Freezer temperatures shall be maintained at 0 degrees F or below.	{A38}	<i>A Regulations on Food Management Checklist will be reviewed with all kitchen staff. The Checklist will be signed and dated by all kitchen staff every other month. The Checklist will include the wearing of hair restraints while preparing and serving food. The administrator assistant will inspect the kitchen to determine if it is run according to the regulations stipulated on the checklist every other month.</i>	<i>4/25/05</i>

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{A38}	Continued From page 7 E. Refrigerators, freezers, kitchen area and food preparation areas shall be kept clean and sanitary at all times. Food stored in refrigerators/freezers shall be covered, dated, and labeled. Unused leftover food shall be discarded after three days. F. Medication, biological, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications may be stored in the refrigerator with food, if they are labeled and locked in a container marked specifically for medication. G. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions. H. All garbage and rubbish shall be stored in containers which are waterproof, easily cleaned and have tight fitting lids. Food waste containers shall be kept in good repair, and shall be kept covered except during use. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 4-7-97; 7.8.2.38 NMAC - Rn, 7 NMAC 8.2.38, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 20402 THE FACILY FAILED TO IMPLEMENT THE PLAN OF CORRECTION FOR SURVEY DATED 11/5/04 AS OF THE REVISIT DATED 3/9/05. THE FINDINGS OF THE REVISIT ARE: BASED ON OBSERVATION AND INTERVIEW WITH ADMINISTRATOR AND FACILITY STAFF, THE FACILITY FAILED TO WEAR HAIR RESTRAINTS WHEN PREPARING AND SERVING FOOD TO 15 OF 15 SAMPLED	{A38}		

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{A38}	Continued From page 8 RESIDENTS. THE FINDINGS ARE: A. ON 3/9/05 AT 12:30 P.M. OBSERVATION OF THE FACILITY COOK REVEALED THAT: 1. SHE WAS NOT WEARING A HAIR NET DURING THE ENTIRE TIME OF THE REVISIT ON 3/9/05. SHE WAS OBSERVED AS PREPARING FOOD AND SERVING IT TO THE RESIDENTS. 2. THE FACILITY COOK ALSO STATED THAT SHE HAS NEVER SIGNED A MONTHLY CHECK OFF SHEET INDICATING THE USE OF HAIR NETS BY THE FACILITY. B. ON 3/9/05 AT 12:30 P.M. DURING INTERVIEW WITH DAY CAREGIVER, IT WAS STATED THAT THERE IS A MANAGER/ASSISTANT WHO COMES IN A LOT AND DOES AN INSPECTION OF THE KITCHEN. THE DAY CAREGIVER STATED THAT WHEN HE COMES IN, HE CHECKS OFF A LIST AND SIGNS IT. NO STAFF SIGNATURES ARE DOCUMENTED ON THIS CHECK LIST. C. ON 3/9/05 AT 12:30 P.M. DURING INTERVIEW WITH FACILITY ADMINISTRATOR, IT WAS STATED THAT: 1. IN THE PLAN OF CORRECTION, THE ADMINISTRATOR SPECIFICALLY STATED THAT "ALL KITCHEN STAFF WILL BE ASKED TO READ, SIGN, AND DATE A REGULATION REMINDER LETTER EVERY OTHER MONTH WHICH WILL INCLUDE PROPER PROCEDURES FOR THE HANDLING AND LABELING OF OPEN CONTAINERS AND THE WEARING OF HAIR RESTRAINTS". 2. THE ADMINISTRATOR STATED THAT	{A38}		

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{A38}	Continued From page 9 HER ASSISTANT HAS BEEN COMING IN EVERY OTHER MONTH BUT SHE HAS NOT HAD ANY OTHER STAFF SIGNING OR REVIEWING THE REGULATION CHECK OFF LIST. 3. THERE WAS ALSO NO POSTING OF THE REGULATION CHECK LIST IN THE KITCHEN DURING THE ENTIRE TIME OF THE REVISIT ON 3/9/05. 7.6.2.9.H(3) FOOD SERVICE AND FOOD PROCESSING REGULATIONS: SECTION H: EFFECTIVE HAIR RESTRAINTS SHALL BE USED BY EMPLOYEES WHO PROCESS, PREPARE OR SERVE FOOD TO KEEP EXPOSED HAIR FROM FOOD OR FOOD-CONTACT SURFACES. ON 11/05/2004 AR 10:30 A.M. DURING TOUR OF FACILITY, IT WAS OBSERVED THAT THE KITCHEN COOK WAS NOT WEARING A HAIR COVERING ON HER HEAD WHILE PREPARING FOOD FOR RESIDENTS.	{A38}		