

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2009
NAME OF PROVIDER OR SUPPLIER HEARTFELT MANOR INCORPORATE			STREET ADDRESS, CITY, STATE, ZIP CODE 2210 EAST PINE LODGE ROAD ROSWELL, NM 88201		
(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 01	OPENING REMARKS The following deficiencies were cited on 01/22/08 as a result of a complaint survey (complaint # 26819) for the requirements of 7.8.2 NMAC for Assisted Living Facilities:	A 01		1/22/02	
A38	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 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	A38		1/22/09	

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

STATE FORM

TITLE

Owner Manager
Administration

(X6) DATE

2/6/09

6899

JLVZ11

If continuation sheet 1 of 8

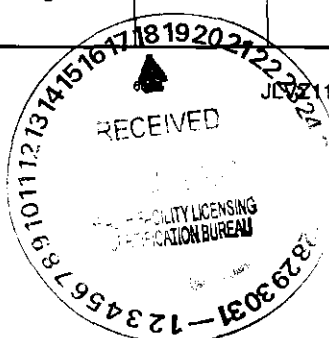
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A36	<p>Continued From page 1</p> <p>Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:</p> <ol style="list-style-type: none"> (1) Name of resident. (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. <p>G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.</p> <p>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:</p> <ol style="list-style-type: none"> (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: <ol style="list-style-type: none"> (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 	A36		

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A36	<p>Continued From page 2</p> <p>that might occur.</p> <p>(f) Manufacturer's label information for directions if deemed adequate by the physician.</p> <p>I. The facility must report all medication errors to the physician.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 (B)</p> <p>Based on record review and interview the facility failed to obtain written consent by eight of eight (#1, 2, 3, 4, 5, 6, 7 & 8) sampled residents or their designee before assisting them with medications. The findings are:</p> <p>A. Review of Resident #1, 2 & 5's clinical record on 01/21/08, revealed no documentation of a written consent by the resident or their designee to assist them with taking their medications.</p> <p>B. The administrator was interviewed on 01/21/08 at 4:00 pm. She stated that she had recently sent consent forms, regarding consent for the facility to assist residents with medications to a local printer, however, as of yet the facility had not obtained any of the consents for the eight residents, which were all being assisted with medications by the facility.</p> <p>Refer to: 7.8.2.36 (A.)</p> <p>Based on record review and interview the agency</p>	A36	<p>The administration will ensure that a signed consent to assist with medications will be obtained and placed in the residents file for residents #1, 2 and 5 by March 1, 2009. The administration will audit the file for resident #3, 4, 6, 7, and 8 to ensure they have a signed consent to assist with medications on file by March 1, 2009. The facility will add the consent to assist with medications forms in all admission packets to ensure that the consent is signed prior to residents arrival. The administrator will perform a monthly chart audit to ensure all residents have a signed consent to assist with medications in the file for 100% compliance.</p> <p><i>Danny Muehlberg</i></p>	

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STATE FORM



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A36	<p>Continued From page 4</p> <p>4. The MAR dated 10/24/08 at 4:00 [not specified as to am or pm] indicated that Promethazine 25 mg supp was given by Staff #1, a Medication Assistant.</p> <p>5. The Administrator and Staff #1 were not Licensed health care professionals.</p> <p>C. On 01/21/08 at 4:15 pm, the Administrator was asked if she had administered the rectal suppository for Resident #5. After reviewing the MAR, she stated, "Yes. I gave it. We can give the suppository's. I called [name of the facility's Pharmacist], and he said we could. If the doctor or the family tells me to give it [medications], I give it."</p> <p>D. On 01/22/08 at 9:22 am, the Administrator was asked if she administered the Promethazine suppository to Resident #1. After review of the MAR, she stated, "Yes. I will never administer a suppository again." The Administrator was asked if Medication Assistants were allowed to give rectal medication. She conceded that they [medication assistants] should not have given the suppositories and that they were not Licensed health care professionals. Staff #1 was not available for interview.</p> <p>E. On 01/22/09 record review of the finger stick blood sugars (accuchecks) on the MAR dated 12/2008, for Resident #1, revealed an order "Accuchecks BID [twice a day] on Mon [Monday], Wed [Wednesday] and Fri [Friday] Dx: Glucose," no date. The 12/2008 MAR blocks indicated the accuchecks were completed and initialed by the facility Medication Assistants.</p> <p>F. An interview was conducted with the Administrator on 01/22/08 at 9:37 am. When asked if the Medication Assistants were doing the</p>	A36			

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A36	Continued From page 5 finger sticks, she stated, "Yes. We can." She was asked to find clarification indicating Medication Assistants were allowed to do finger sticks. After looking through her paper work, she stated that she could not find any verification allowing them [medication assistants] to conduct the finger sticks.	A36			