

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4003	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2019
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NAME OF PROVIDER OR SUPPLIER NEIGHBORHOOD IN RIO RANCHO (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 900 LOMA COLORADO BLVD NE RIO RANCHO, NM 87124
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a Complaint survey completed on 08/19/19, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.</p> <p>Complaint #NM38151 was substantiated with deficiencies cited A021, A026, A032.</p>	A 000		
A 021	<p>7 NMAC 8.2.21 Resident Records</p> <p>RESIDENT RECORDS:</p> <p>A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include:</p> <p>(1) the admission agreement records, as set forth in 7.8.2.20 NMAC;</p> <p>(2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months;</p> <p>(3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months;</p> <p>(4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission;</p> <p>(5) personal and demographic information for the resident, to include:</p> <p>(a) current names, addresses, relationship and phone numbers of family members, or surrogate</p>	A 021		

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A 021	Continued From page 1 decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained	A 021		

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A 021	<p>Continued From page 2</p> <p>elsewhere by the facility;</p> <p>(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule;</p> <p>(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;</p> <p>(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and</p> <p>(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.</p> <p>B. Resident records maintenance.</p> <p>(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.</p> <p>(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.</p> <p>(4) There shall be a policy and procedure in place for record retention in the event of facility closure.</p> <p>(5) Failure to follow facility policies is grounds for sanctions.</p> <p>[7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]</p>	A 021		

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A 021	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.21 A (8)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 3 (R #s 1-3) residents whose resident files were reviewed for compliance included written accounts of all accidents, injuries, illnesses or reports reflecting appropriate follow-up. This deficient practice has the potential for all residents to be at risk of harm or injury if Direct Care Staff (DCS) are not documenting accidents, injuries or illnesses that may require medical treatment and follow up. The findings are:</p> <p>A. Record review of Complaint Intake #38151 revealed that during a meeting on 07/09/19, between the facility's management staff, representative from the State's Ombudsman's office, and family members, R #1's daughter reported the following injuries of unknown origin that the DCS did not know what happened and were not documented: <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px;"></div></p> <p>B. Record review of R #1's resident file revealed no documentation of the [REDACTED] on either [REDACTED]/19 or [REDACTED]/19.</p> <p>C. On 08/19/19 at 1:45 pm, during an interview with the Director of Nursing, (DON), she confirmed that there was no documentation of R #1's injuries, [REDACTED]/19 or</p>	A 021		

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A 021	Continued From page 4 ██████/19.	A 021		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to 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) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when	A 026		

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A 026	<p>Continued From page 5</p> <p>indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (3)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 3 (R #s 1-3) residents whose Individual Service Plans (ISP's) were reviewed for compliance were reviewed and/or revised at a minimum of every six (6) months. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by Social Service Director, (SSD) on 08/15/19, to be at risk of harm or injury if Direct Care Staff (DCS) are not providing the correct care/services needed if the ISPs were not completed upon admission, reviewed at a minimum of every six months, because they do not know what changes have been made. The findings are:</p> <p>A. Record Review of R #1's resident file revealed that:</p> <ol style="list-style-type: none"> 1. An initial [REDACTED] /18. 2. A revised [REDACTED] 19. <p>B. On 8/19/19 at 1:30 pm, during an interview with the Director of Nursing, she confirmed that R #1's ISP was not reviewed and/or revised at a minimum of every six (6) months.</p>	A 026		

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A 032	Continued From page 6	A 032		
A 032	<p>7 NMAC 8.2.32 Reporting of Incidents</p> <p>REPORTING OF INCIDENTS:</p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:</p> <p>(1) a narrative description of the incident;</p> <p>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</p> <p>(3) plans for further actions in response to the incident.</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1)</p>	A 032		

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A 032	<p>Continued From page 7</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W. & 8 B. (2)</p> <p>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure that incidents or injuries of unknown origin were reported to the Licensing</p>	A 032		

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A 069	<p>Continued From page 9</p> <p>facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p> <p>A. Additional definitions: The following definitions, in addition to those in 7.8.2.7 NMAC, shall apply.</p> <p>(1) " Alzheimer ' s " means a brain disorder that destroys brain cells, causing problems with memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social life. Alzheimer ' s gets progressively worse and is fatal.</p> <p>(2) " Care coordination agreement requirement " means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services.</p> <p>(3) " Dementia " means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain.</p> <p>(4) " Memory care unit " means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer ' s disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.</p> <p>(5) " Secured environment " means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.</p> <p>B. Care coordination requirement. An assisted living facility that accepts residents with memory issues shall determine which additional services and care requirements are relevant to the resident and disease process.</p>	A 069		

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A 069	<p>Continued From page 10</p> <p>(1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services.</p> <p>(2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider.</p> <p>C. Employee training. In addition to the training requirements for all assisted living facilities, pursuant to 7.8.2.17 NMAC, all employees assisting in providing care for memory unit residents shall have a minimum of twelve (12) hours of training per year related to dementia, Alzheimer's disease, or other pertinent information.</p> <p>D. Individual service plan (ISP). An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident's primary care practitioner, in compliance with the requirements outlined in "Individual Service Plan," 7.8.2.26 NMAC, pursuant to a team meeting as described in "Exceptions to admission, readmission and retention," Subsection C of 7.8.2.20 NMAC, and which ensures the following criteria:</p> <p>(1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident's needs;</p> <p>(2) 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>	A 069		

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A 069	<p>Continued From page 11</p> <p>(d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws.</p> <p>E. Assessments and reevaluations.</p> <p>(1) An assessment shall be completed by a registered nurse or a physician extender within fifteen (15) days prior to admission. When emergency placement is warranted the fifteen (15) day assessment shall be waived and the assessment shall be completed within five (5) days after admission.</p> <p>(a) The resident shall have a medical evaluation and documentation by a physician, physician's assistant or a nurse practitioner within six (6) months of admission.</p> <p>(b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit.</p> <p>(c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted.</p> <p>(2) A re-evaluation must be completed every six (6) months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the resident ' s stay in the assisted living facility memory care unit is still appropriate.</p> <p>F. Documentation in the resident ' s record. In</p>	A 069		

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A 069	<p>Continued From page 12</p> <p>addition to the required documentation pursuant to 7.8.2.21 NMAC, the following information shall be documented in the resident's record:</p> <p>(1) the physician's diagnosis for admission to a secure environment or a memory care unit;</p> <p>(2) the pre-admission assessment; and</p> <p>(3) the re-evaluation(s).</p> <p>G. Secured environment.</p> <p>(1) Memory care unit residents may require a secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to the public way. These include but are not limited to:</p> <p>(a) double alarm systems;</p> <p>(b) gates connected to the fire alarm; and</p> <p>(c) tab alarms for residents at risk for elopement.</p> <p>(2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents.</p> <p>(a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents.</p> <p>(b) Residents shall be able to independently access the outdoor areas.</p> <p>(3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times.</p> <p>H. Resident rights. In addition to the requirements pursuant to 7.8.2.32 NMAC, the following shall apply:</p> <p>(1) the resident's rights may be limited as required by their condition and as identified in the ISP;</p> <p>(2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact</p>	A 069		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 069	<p>Continued From page 13</p> <p>the resident ' s legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact.</p> <p>I. Disclosure to residents. A facility that operates a secured environment shall disclose to the resident and the resident ' s legal representative, if applicable and prior to the resident ' s admission to the facility, that the facility operates a secured environment.</p> <p>(1) The disclosure shall include information about the types of resident diagnosis or behaviors that the facility provides services for and for which the staff are trained to provide care for.</p> <p>(2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide.</p> <p>J. Staffing. The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one (1) trained staff member awake and in attendance in the secured environment at all times. [7.8.2.69 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.69 G (2) (b)</p> <p>Based on observation and interview, the facility failed to ensure that all residents in the Memory Care Unit (MCU) can independently access the safe and secure outdoor area in the facility. This deficient practice has the potential for all 15 (R #s 1-15) MCU residents identified on the census provided by Social Service Director, (SSD) on 08/15/19, to be at risk of loss of a sense of personal independence given the secured</p>	A 069		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2019
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A 069	Continued From page 14 environment of the facility. The findings are: A. On 08/16/19 at 10:12 am, during an observation, the facility's safe and secure outdoor area required a key fob that only staff members possess, which restricts residents' independent access to the area. B. On 08/16/19 at 11:10 am, during an interview with the Director of Nursing, she confirmed the residents could not access the outdoor area independently, because it requires a staff member to open the door with their key fob.	A 069		