

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNSET VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061
---	---

(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 000}	Initial Comments The following deficiencies were recited as the result of a Revisit/Follow up survey dated 01/05/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
A 011	<p>7 NMAC 8.2.11 Survey or Monitoring Visits</p> <p>SURVEY OR MONITORING VISITS:</p> <p>A. The licensing authority shall perform on-site survey or monitoring visits at all assisted living facilities to determine compliance with this rule.</p> <p>B. The facility shall provide the licensing authority full access to all facility operations, buildings and information related to the operation of the facility.</p> <p>C. The most recent survey inspection reports and related correspondence shall be posted in a conspicuous public place in the facility.</p> <p>D. Failure by the facility to provide the licensing authority access to the premises or information, including resident records, may result in the imposition of sanctions including but not limited to civil monetary penalties, license revocation or an order to cease and desist, as deemed appropriate by the licensing authority.</p> <p>[7.8.2.11 NMAC - Rp, 7.8.2.11 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.11 D.</p> <p>Based on interview the facility failed to provide full access to information regarding the following requested documents:</p> <ol style="list-style-type: none"> 1. List of residents with designation of who is receiving Home Health or Hospice services; 2. List of staff with date of hire; 3. Staff Schedule; 	A 011		

Division of Health Improvement LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUNSET VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061
---	---

(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 011	<p>Continued From page 1</p> <p>4. Fire drill records; 5. Employee Abuse Registry (EAR) inquiry for staff; 6. Caregiver Criminal History Screening Program (CCHSP) clearance for staff; 7. Training records for staff.</p> <p>These failed practices deny the Licensing Authority the ability to examine and inspect the care being provided for the residents, the ability to examine and inspect the maintenance of the building, the ability to investigate if staff have the proper clearances and training. The findings are:</p> <p>A. On 07/05/16 at 9:30 am, during an interview with the In-Charge Staff Member of the facility's operation, she stated the Administrator was on vacation, out of the country, and all the facility records were locked up and there was no one that had access to those records but the Administrator. She stated she had no access to the requested documents.</p> <p>B. On 07/05/16 at 9:35 am, during an interview by telephone, the Administrator acknowledged she does not trust any of the staff to have access to facility records and that she would not be back to the facility for another three days.</p> <p>C. On 07/05/16 at 9:50 am, during an interview with the In-Charge Staff Member, she was given by the Licensing Authority Requested Documents form requesting the following:</p> <ol style="list-style-type: none"> 1. List of residents with designation of who is receiving Home Health or Hospice services; 2. List of staff with date of hire; 3. Staff Schedule; 4. Fire drill records; 5. Employee Abuse Registry (EAR) inquiry for staff; 6. Caregiver Criminal History Screening 	A 011		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
NAME OF PROVIDER OR SUPPLIER SUNSET VISTA		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061		
(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 011	Continued From page 2 (CCHS) clearance for staff; 7. Training records for staff. The In Charge Staff Member again stated she did not have access to any of the records being requested.	A 011		
{A 021}	7 NMAC 8.2.21 Resident Records RESIDENT RECORDS: 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: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (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; (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; (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; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name;	{A 021}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUNSET VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061
---	---

(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 021}	Continued From page 3 (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 elsewhere by the facility; (9) the medication assistance record (MAR); the	{A 021}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SUNSET VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061
---	---

(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 021}	<p>Continued From page 4</p> <p>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}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNSET VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH FOWLER AVE SILVER CITY, NM 88061
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 021}	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: The following is a repeat deficiency citation from the follow up survey completed on 01/05/17 for the survey dated 08/19/15. Refer to 7.8.2.21 A. (2)</p> <p>Based on record review and interview the facility failed to ensure 2 (R #1 and 2) of 2 (R #1 and 2) residents whose records were reviewed for accuracy had been evaluated prior to moving into the facility. This deficient practice could lead to a resident being admitted that requires a higher level of care than the facility can provide or is allowed to provide which could affect the health and safety of the residents. The findings are:</p> <p>A. Record review of the chart for R #1 revealed the resident was admitted on [REDACTED]/16 and the resident's admission evaluation was not completed until 7 days later, on [REDACTED]/16.</p> <p>B. Record review of the chart for R #2 revealed the resident was admitted on [REDACTED]/16 and the resident's admission evaluation was not completed until 6 days later on [REDACTED]/16.</p> <p>C. On 01/04/16 at 11:30 am, during interview, the Administrator acknowledged the admission's evaluation for R #1 and R #2 were not done prior to admission of the residents.</p>	{A 021}		