

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2012
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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	Initial Comments A [REDACTED] investigation was completed [REDACTED] on 02/15/12 [REDACTED] [REDACTED] The facility was cited for deficiencies.	A 000		
A 013	7 NMAC 8.2.13 Grounds for Revocatio, Suspension or Denial GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF INITIAL OR RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the licensing authority determines that an application for the renewal of a license will be denied or that a license will be revoked, the licensing authority shall provide written notification to the facility, the residents and the surrogate decision makers for the residents. B. After notice to the facility and an opportunity for a hearing, the department may deny an initial or renewal application, revoke or suspend the license of a facility or may impose an intermediate sanction and a civil monetary penalty as provided in accordance with the Public Health Act, Section 24-1-5.2 NMSA 1978. C. Grounds for implementing these penalties may be based on the following: (1) failure to comply with any provision of this rule; (2) failure to allow a survey by authorized representatives of the licensing authority; (3) the hiring or retaining of any staff or permitting any private duty attendant or volunteer to work with residents that has a disqualifying conviction under the requirements of the Caregiver ' s	A 013		

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

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A 013	<p>Continued From page 1</p> <p>Criminal History Screening Program, 7.1.9 NMAC; (4) the misrepresentation or falsification of any information on the application forms or other documents provided to the licensing authority; (5) repeat violations of this rule; (6) failure to maintain or provide services as required by this rule; (7) exceeding licensed capacity; (8) failure to provide an acceptable plan of correction within the time period established by the licensing authority; (9) failure to correct deficiencies within the time period established by the licensing authority; (10) failure to comply with the incident reporting requirements pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; and (11) failure to pay civil monetary penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. [7.8.2.13 NMAC - Rp, 7.8.2.13 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.13 GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF INITIAL OR RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: C. (7) exceeding licensed capacity; Also refer to 7.8.2.54 RESIDENT ROOMS: A. The facility's bed capacity shall not exceed the capacity approved by the licensing authority.</p> <p>Based on record review and interview the facility</p>	A 013		

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A 013	<p>Continued From page 2</p> <p>failed to limit the number of residents admitted to prevent exceeding licensing capacity. This deficient practice had the potential to affect the health and safety of the residents residing at the facility. The findings are:</p> <p>A. Review of the facility's Assisted Living for Adults license revealed the following, "License capacity: 76."</p> <p>B. Review of the facility's resident list received from the facility nurse on 02/14/12 at 9:00 am, revealed a current census of 81 residents with 3 in the hospital leaving 78 currently residing in the facility.</p> <p>C. In an interview with the administrator on 02/13/12 at 4:30 pm, the administrator acknowledged the facility currently had 81 residents.</p> <p>D. In an interview with the facility nurse on 02/14/12 at 9:05 am, the facility nurse acknowledged there were currently 81 residents registered in the Assisted Living, with 3 in the hospital leaving 78 currently residing in the facility.</p>	A 013		
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>	A 017		

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A 017	<p>Continued From page 3</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> <ul 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: <ul 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; (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. <p>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: Refer to 7.8.2.17 C. Training shall be provided at orientation and at least twelve (12) hours</p>	A 017		
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A 017	<p>Continued From page 4</p> <p>annually . . .</p> <p>Based on record review and interview the facility failed to provide at least twelve hours of annual training for 1 of 3 direct care staff files reviewed (#103). This deficient practice has the potential to negatively affect residents the right to be provided appropriate care. The findings are:</p> <p>A. Review of records for staff #103 revealed the following:</p> <ol style="list-style-type: none"> 1. Date of hire was 03/03/11, 2. Orientation training completed on 03/05/11, 3. No ongoing or Hospice training documented. <p>B. Review of the signature page in the Monthly in-service training book for caregivers revealed staff #103's signature was absent from all of the training from date of hire to present.</p> <p>C. In an interview with the facility nurse on 02/14/12 at 9:05 am, the facility nurse acknowledged that staff #103 had not been attending the monthly training provided by the facility.</p>	A 017		
A 019	<p>7 NMAC 8.2.19 Staffing Ratios</p> <p>STAFFING RATIOS: The following staffing levels are the minimum requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents.</p> <p>(2) During resident sleeping hours, facilities with</p>	A 019		

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A 019	<p>Continued From page 5</p> <p>fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility.</p> <p>B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days.</p> <p>[7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.19 STAFFING RATIOS: (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents</p>	A 019		

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A 019	<p>Continued From page 6 or fraction thereof in the facility.</p> <p>Based on record review and interview the facility failed to maintain minimum staffing ratios for the current census of 81 residents. This deficient practice had the potential to affect residents not being provided the appropriate humane care. The findings are:</p> <p>A. In an interview with staff #104 on 02/14/12 at 5:03 am, staff #104 acknowledged he and two other staff were all that were on duty. Staff #104 stated, "I work the front desk. The other two are health and wellness." Staff #104 further acknowledged he does cleaning work until 5:00 am. After that he is at the front desk.</p> <p>B. In an interview with staff #103 on 02/14/12 at 5:32 am, staff #103 acknowledged her and one other staff were all that were on duty to assist with the residents.</p> <p>C. Review of the staff schedules from 12/04/11 through 02/18/12 revealed the 10:00 pm to 6:00 am shift only had 2 direct care staff scheduled on duty Monday through Friday of each week for that time period.</p>	A 019		
A 033	<p>7 NMAC 8.2.33 Resident Rights</p> <p>RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents.</p> <p>A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding.</p> <p>B. If the resident has no legal representative and</p>	A 033		

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A 033	<p>Continued From page 7</p> <p>is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order:</p> <ol style="list-style-type: none"> (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. <p>C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.</p> <p>D. To protect resident rights, the facility shall:</p> <ol style="list-style-type: none"> (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including 	A 033		

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A 033	Continued From page 8 privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP;	A 033		

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A 033	<p>Continued From page 9</p> <p>(k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.33 D. (5) provide humane care for all residents;</p> <p>Based on observation and interview the facility failed to provide humane care for a resident needing assistance with toileting (#1). This deficient practice had the potential to negatively affect residents the right to be provided humane care. The findings are:</p>	A 033		

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A 033	Continued From page 10 A. Tour of the facility on 02/14/12 at 5:06 am, staff #104 was observed taking a call from room [REDACTED] requesting assistance with toileting. At 5:32 am, 26 minutes after the call for assistance, staff #103 was observed arriving at room [REDACTED] to assist resident #1 with toileting. B. In an interview with staff #103 on 02/14/12 at 5:32 am, staff #103 acknowledged she was cleaning up feces in another resident's room and could not assist resident #1 until now. C. In an interview with resident #2 on 02/14/12 at 1:14 pm, resident #2 acknowledged [REDACTED] had called the front desk 3 times that morning to request assistance with toileting for [REDACTED] resident #1. Resident #2 further acknowledged [REDACTED] did not know if [REDACTED] resident #1 was wet when [REDACTED] finally received assistance, [REDACTED]	A 033		
A 041	7 NMAC 8.2.41 Building Construction BUILDING CONSTRUCTION: All building construction shall be based upon the facility occupancy in accordance with the state building code and fire codes, pursuant to 14.7 NMAC. A. New facilities. All new facilities, relocated into existing building(s) or remodeled facilities shall conform to the current edition of the state building code, accessibility code, mechanical code, plumbing code, fire code and the electrical code. (1) With regard to building height, allowable area or construction type, the state building code shall prevail. (2) Minimum construction requirements shall comply with all applicable state building codes.	A 041		

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A 041	<p>Continued From page 11</p> <p>(3) A facility may share a building with another health care facility licensed by the department or other suitable facility with prior approval from the licensing authority.</p> <p>(4) Where there are conflicts between the requirements in the codes and the provisions of this rule, the most restrictive condition shall apply.</p> <p>B. Access for persons with disabilities. Facilities with four (4) or more residents shall provide accessibility to residents with disabilities in accordance with the state building code and the American Disabilities Act. Areas of specific concern are as follows:</p> <p>(1) the main entry into the facility and all required exits shall provide access to persons with disabilities;</p> <p>(2) the building shall allow access to persons with disabilities to all common areas;</p> <p>(3) at least one bedroom, for every eight (8) residents, shall have a door clearance of thirty-six (36) inches for access by persons with disabilities;</p> <p>(4) at least one toilet and bathing facility, for every eight (8) residents, shall have a minimum door clearance of thirty-six (36) inches for access by persons with disabilities; this toilet and bathing room shall provide a minimum sixty (60) inch diameter clear space to accommodate the turning radius of a wheelchair;</p> <p>(5) when ramps are used, each ramp shall have a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise; ramps exceeding a six (6) inch rise shall be provided with handrails on both sides of the ramp;</p> <p>(6) landings at doorways shall have a level area, at a minimum of five (5) feet by five (5) feet, to provide clear space for wheelchair maneuvering;</p> <p>(7) parking spaces shall provide access aisles</p>	A 041		

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A 041	<p>Continued From page 12</p> <p>with a minimum width of sixty (60) inches and ninety-six (96) inches for van parking; a minimum of one (1) van-accessible parking space with a minimum width of ninety-six (96) inches shall be provided;</p> <p>(8) an accessible route for persons with disabilities from the parking area to the main entrance(s) shall be provided; and</p> <p>(9) changes in elevation of one half inch (1/2 inch) or greater shall be sloped to a minimum of twelve (12) inches horizontal run for each one (1) inch of vertical rise.</p> <p>C. Construction drawings. Prior to commencement of all new construction, remodeling, relocations, additions or renovations to existing buildings; the facility shall submit preliminary plans and final construction drawings with specifications to the licensing authority for review and approval.</p> <p>(1) Building plans and specifications shall be submitted and approved by the department when:</p> <p>(a) construction for a new facility is proposed;</p> <p>(b) a building that has not previously licensed as a facility is proposed as a location for a facility;</p> <p>(c) any renovation that increases the number of beds is proposed;</p> <p>(d) any addition to an existing structure is proposed; or</p> <p>(e) any renovation to the existing structure is proposed, regardless of the size of the facility.</p> <p>(2) The codes that are in effect at the time of the submittal of building plans shall be the codes used through the end of the project.</p> <p>(3) Drawings and specifications shall be prepared for the architectural, structural, mechanical and electrical branches of work for each construction project and shall include the following:</p>	A 041		

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A 041	<p>Continued From page 13</p> <p>(a) the site plan(s) showing property lines, finish grade, location of existing and proposed structures, roadways, walks, utilities and parking areas;</p> <p>(b) the floor plan(s) showing scale drawings of typical and special rooms, indicating all fixed and movable equipment and major items of furniture;</p> <p>(c) the separate life safety plans showing the fire and smoke compartment(s), all means of egress and exit markings, exits and travel distances, dimensions of compartments and calculation and tabulation of exit units, all fire and smoke walls shall be graphically coded;</p> <p>(d) the exterior elevation of each facade;</p> <p>(e) the typical sections throughout the building;</p> <p>(f) the schedule of finishes;</p> <p>(g) the schedule of doors and windows;</p> <p>(h) the roof plans; and</p> <p>(i) the building code analysis.</p> <p>(4) For facilities with more than fifteen (15) residents: architectural drawings shall be stamped, signed and dated by a licensed architect registered in New Mexico. In addition to items listed in section (3) above, the drawings shall include the following:</p> <p>(a) the building code analysis; and</p> <p>(b) when an elevator is required, the details and dimensions of the elevator.</p> <p>(5) Structural drawings shall include the following:</p> <p>(a) a certification that all structural design and work are in compliance with all applicable local codes;</p> <p>(b) the plans of foundations, floors, roofs and intermediate levels that show a complete design with sizes, sections and the relative location of the various members; and</p> <p>(c) the schedules of beams, girders and columns.</p> <p>(6) Mechanical drawings shall include the</p>	A 041		

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A 041	Continued From page 14 following: (a) a certification that all mechanical work and equipment are in compliance with all applicable local codes and laws and that all materials are listed by recognized testing laboratories; (b) the water supply, sewage and heating, ventilation and air conditioning piping systems; (c) the heating, ventilating, HVAC piping and air conditioning systems with all related piping and auxiliaries, if any, to provide a satisfactory installation; (d) the water supply, sewage and drainage with all lines, risers, catch-basins, manholes and cleanouts clearly indicated as to location, size, capacities and location and dimensions of septic tank and disposal field; (e) the sprinkler head layout; and (f) the graphic coding (with a legend) to show supply, return and exhaust systems. (7) Electrical drawings shall include the following: (a) a certification that all electrical work and equipment are in compliance with all applicable local codes and laws and that all materials are currently listed by recognized testing laboratories; (b) all electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current and transformers when located within the building; (c) a fixture legend; and (d) a graphic coding (with a legend) to show all items on emergency power. (8) Include additional information as needed and requested by the licensing authority. (9) Final working drawings and specifications shall be accurately dimensioned and include all necessary explanatory notes, schedules, legends	A 041		

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A 041	<p>Continued From page 15</p> <p>and have all rooms labeled. The working drawings and specifications shall be complete and adequate for contract purposes.</p> <p>(10) One set of final plans shall be submitted to the licensing authority for review and approval prior to the commencing of construction. All construction shall be executed in accordance with the approved final plans and specifications.</p> <p>(11) Review and approval of building plans by the licensing authority does not eliminate responsibility of the applicant to comply with all applicable laws, rules and ordinances.</p> <p>(12) The final approval of building plans and specifications shall be acknowledged in writing by the licensing authority.</p> <p>(13) The approved building plans shall be kept at the facility and readily available at all times.</p> <p>D. Fire resistance. Required building construction and fire resistance shall be in accordance with the state building code and the fire code. Facilities with nine (9) or more residents shall be protected throughout by an approved automatic fire protection (sprinkler) system.</p> <p>E. Prohibition of mobile homes. For facilities with four (4) or more residents, trailers and mobile homes shall not be used.</p> <p>F. Construction. Construction shall commence within one hundred eighty (180) calendar days of the date of receipt of approval (unless a written extension is requested by the facility and approved by department). This approval shall in no way permit or authorize any omission or deviation from the requirements of any restrictions, laws, ordinances, codes or standards of any regulatory agency. [7.8.2.41 NMAC - Rp, 7.8.2.41 NMAC, 01/15/2010]</p>	A 041		

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A 041	<p>Continued From page 16</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2. 41 C. (12) The final approval of building plans and specifications shall be acknowledged in writing by the licensing authority.</p> <p>Based on record review and interview the facility failed to have 27 residents in rooms approved by the Licensing Authority (resident #s 2, 3, 4, 8, 18, 22, 23, 36, 40, 42, 44, 45, 47, 48, 49, 52, 53, 61, 65, 66, 67, 75, 76, 78, 81, 83, and 84). This deficient practice had the potential to affect the health and safety of one third (33%) of the residents residing at the facility due to this percentage of the residents living in rooms not approved for Assisted Living by the licensing authority. The findings are:</p> <p>A. In an interview with the administrator, on 02/13/12 at 4:30 pm, the administrator acknowledged there were 76 total apartments with the assisted living residents and they are intermixed with the independent living residents' apartments throughout the building.</p> <p>B. Review of the Plan Approval dated 02/18/04 on record with the Licensing Authority revealed the following room numbers were the rooms approved for the Assisted Living Residents: Rooms 100, 102, 104 through 131, 200, 202 through 231, 300 through 315, and 317 for a total of 76 rooms.</p> <p>C. Review of the facility's records revealed residents #s 2, 3, 4, 8, 18, 22, 23, 36, 40, 42, 44, 45, 47, 48, 49, 52, 53, 61, 65, 66, 67, 75, 76, 78, 81, 83, and 84 all lived in rooms with room numbers that were not approved for Assisted</p>	A 041		

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A 041	Continued From page 17 Living by the Licensing Authority. This is a total of 27 residents (33%) living in the building in rooms that were never approved by the licensing authority.	A 041		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire	A 043		

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A 043	<p>Continued From page 18</p> <p>resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.43 HAZARDOUS AREAS: Hazardous areas include: . . . laundry rooms with more than one hundred (100) sq. ft. . . . A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection</p> <p>Based on observation and interview the facility failed to ensure that fire rated doors with self closing devices to hazardous areas were not blocked from closing. This deficient practice had the potential to affect the health and safety of residents, staff, and visitors in the building. The findings are:</p> <p>A. Tour of the facility on 02/14/12 at 5:10 am, revealed the 2nd floor West laundry room fire door was blocked open with a clothes rack.</p> <p>B. Tour of the facility on 02/14/12 at 5:35 am, two 2nd floor laundry room fire doors and two 3rd floor laundry room fire doors were observed</p>	A 043		

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A 043	Continued From page 19 blocked open not allowing the self-closing devices to close the doors upon release. C. In an interview with the administrator on 02/15/12 at 3:55 pm, the administrator acknowledged the laundry room doors were normally held open with door wedges for the convenience of the residents.	A 043		
A 068	7 NMAC 8.2.68 Hospice 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. 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. (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. (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. (3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department	A 068		

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A 068	<p>Continued From page 20</p> <p>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> <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</p>	A 068		

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A 068	<p>Continued From page 21</p> <p>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 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</p>	A 068		
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A 068	<p>Continued From page 22</p> <p>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> <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.,</p>	A 068		

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A 068	<p>Continued From page 23</p> <p>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> <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>	A 068		

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A 068	<p>Continued From page 24 [7.8.2.68 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.68 HOSPICE 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: (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 (2) offer an ongoing employee psychological support program for end of life care issues.</p> <p>Based on record review and interview the facility failed to provide Hospice training and support for 1 of 3 direct care staff files reviewed (#103). The findings are:</p> <p>A. Review of records for staff #103 revealed the following: 1. Date of hire was 03/03/11, 2. Orientation training completed on 03/05/11, 3. No ongoing or Hospice training documented.</p> <p>B. Review of the signature page in the Monthly in-service training book for caregivers revealed staff #103's signature was absent from all of the training from date of hire to present.</p> <p>C. In an interview with the facility nurse on 02/14/12 at 9:05 am, the facility nurse acknowledged that staff #103 had not been attending the monthly training's provided by the facility which included the Hospice training and</p>	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2012
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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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(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 068	Continued From page 25 support. She further acknowledged residents #'s 6, 10, 11, 43, and 71 were in the facility and receiving Hospice services.	A 068		