

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7185	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2023
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NAME OF PROVIDER OR SUPPLIER HUMMINGBIRD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 912 LOMA PINON LOOP RIO RANCHO, NM 87144
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A 020	<p>Continued From page 1</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not</p>	A 020		

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A 020	<p>Continued From page 2</p> <p>limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members 	A 020		

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A 020	<p>Continued From page 3</p> <p>and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider.</p> <p>[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p>	A 020		

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A 020	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) Refer to Senate Bill (SB) 0335 - 2013</p> <p>AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and</p>	A 020		

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A 020	<p>Continued From page 5</p> <p>charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.</p> <p>C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."</p> <p>SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.</p> <p>Based on record review and interview the facility failed to ensure for 3 (R #1, 2, and 4) of 4 (R #s 1-4) residents whose Admission/Discharge agreements were reviewed for compliance that it included a refund upon death policy that was in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013. This deficient practice has the potential for all residents to be at risk of not receiving a refund of monies owed from the facility or being aware of potential additional charges that can occur. The findings are:</p> <p>A. Record review of R #1's Admission/Discharge Agreement dated 09/07/22, revealed no documentation of a refund upon death policy that was in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013.</p> <p>B. Record review of R #2's Admission/Discharge Agreement dated 09/05/22, revealed no documentation of a refund upon death policy that was in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013.</p>	A 020		

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A 020	Continued From page 6 C. Record review of R #4's Admission/Discharge Agreement dated <input type="text" value=""/> /23, revealed no documentation of a refund upon death policy that was in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013. D. On <input type="text" value=""/> /23 at 1:50 pm, during an interview with the Administrator, he confirmed that R #1, 2, and 4's Admission/Discharge Agreement did not include a refund upon death policy that was in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013.	A 020	ajfdl;a	
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	A 068		

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A 068	<p>Continued From page 7</p> <p>decreasing pain and other uncomfortable symptoms.</p> <p>(3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department 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>	A 068		

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A 068	<p>Continued From page 8</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 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>	A 068		

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A 068	<p>Continued From page 9</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 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>	A 068		

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A 068	<p>Continued From page 10</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., 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</p>	A 068		

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A 068	<p>Continued From page 11</p> <p>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. [7.8.2.68 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.68 B (1)</p> <p>Based on record review and interview, the facility failed to ensure that Direct Care Staff (DCS) had received the required six (6) hours of palliative/hospice training including one hour specific to resident's Individual Service Plan (ISP) annually when the facility is providing care and services for hospice residents. These deficient practices could likely result in the residents receiving Hospice services to be at risk of harm or injury if the DCS do not know the proper methods for providing care and services for hospice residents. The findings are:</p> <p>A. Record review of DCS #1's (hire date /22) training file, did not reveal any documentation of six (6) hours or palliative/hospice training to include one (1) hour specific to resident's Individual Service Plan (ISP) annually.</p> <p>B. On /23 at 11:00 am, during an interview with the Administrator, he confirmed that DCS #1 does not have any documentation of six (6) hours or palliative/hospice training to include one (1) hour specific to resident's Individual Service Plan (ISP) annually.</p>	A 068		