Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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
8 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 12/04/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Census: 134 Complaint Intake NM [redacted] was investigated, and deficiencies were cited. Complaint Intake NM [redacted] was investigated, and deficiencies were not cited. Complaint Intake NM [redacted] was investigated, and deficiencies were not cited.	8 000		
8 017	8 NMAC 370.14.17 Staff Training A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 16 hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (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;	8 017		

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8 017	Continued From page 1 (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 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. 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. [8.370.14.17 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.17 (11) Based on record review and interview, the facility failed to ensure Direct Care Staff (DCS) received the required annual training in medication assistance for staff who assisted with medication delivery for 2 (DCS #s 1 and 2) of 2 (DCS #s 1-2) employee training files reviewed. This deficient practice could likely cause harm to the 134 (R #s 1-134) residents identified on the resident census provided by the Executive Director on 12/02/24, if there is a medication error due to staff not being trained in medication assistance. The findings are:	8 017	8.370.14.17 (11) To ensure that Direct Care Staff (DCS) has received the required training in medication delivery, the community will work with the local pharmacy to create a training or a webinar for our Medication Aides. This training will be provided annually to each medication aide. Certificates and/or proof of completion will be kept in the employee file.	2/28/24-ongoing 2/28/24

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8 017	Continued From page 2 A. Record review of DCS #1's employee file, hire date 12/01/22, revealed the file did not contain any annual training for medication assistance for staff who assisted with medication delivery. B. Record review of DCS #2's employee file, hire date 05/17/23, revealed the file did not contain any annual training for medication assistance for staff who assisted with medication delivery. C. On 12/04/24 at 2:53 pm, during an interview, the Business Office Manager confirmed DCS #1 did not have the annual medication assistance training for staff who assisted with medication delivery. D. On 12/04/24 at 3:16 pm, during an interview, the Health and Wellness Director confirmed DCS #2 did not have the annual medication assistance training for staff who assisted with medication delivery.	8 017		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (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 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and	8 032		

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8 032	Continued From page 3 documenting the investigation of all incidents within five 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: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) (2) Based on record review and interview, the facility failed to ensure incidents that occurred on 08/30/24 and on 08/31/24 were reported to the Licensing Authority when staff administered the wrong medication to the resident for 1 (R #1) of 1 (R #1). This deficient practice could likely cause the residents listed on the resident census provided by the Executive Director on 12/02/24, to be at risk of harm, injury, and/or death if the incident is not investigated and reported to the Licensing Authority. The findings are: A. Record review of R #1's physician orders	8 032	8.70.14.21 A (1)(2) The community will have a training with DCS to clarify reporting requirements. Any incidents that could be threatening to the health, safety or welfare of the residents will be reported within 24 hours to the Licensing Authority. This training will include examples of incidents and medication errors that should be reported. Record of the incident will be noted in the community's system for incidents. Incidents that may threaten health, safety or welfare of the residents will be reported to the Licensing Authority within 24 hours by a Director or Executive Director.	2/28/24-Ongoing Ongoing

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8 032	Continued From page 4 revealed the following: 1. Dated 05/23/24 [redacted] 2. Dated 05/23/24, [redacted] Every [redacted] 3. Dated 05/23/24, [redacted] 4. Dated 05/23/24, [redacted] Take [redacted] as needed. 5. Dated 06/02/24, [redacted] 6. Dated 08/27/24 [redacted] B. Record review of R #1's Medication Assistance Record (MAR), dated August 2024, revealed: 1. On 08/30/24 at 5:42 PM, Direct Care Staff (DCS) #4 administered [redacted] to R #1. 2. On 08/31/24 at 9:08 AM, DCS #4 administered [redacted] to R #1. C. On 11/27/24 at 9:30 AM, during an interview, the [redacted] stated they advised staff to administer a dose of [redacted] to R #1, but staff administered a dose of [redacted] instead. D. Record review of facility incident reports revealed: 1. There was no report of the medication error in R #1's file. 2. There was no report of the medication error to the Licensing Authority. E. On 12/04/24 at 3:00 PM, during an interview, the Health and Wellness Director confirmed staff did not report the incident to the Licensing Authority.	8 032	Cont. All reported incidents that were given to the Licensing Authority will be printed and kept in an incident file in the Executive Director's office for future review if needed.	

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8 034	Continued From page 5	8 034		
8 034	8 NMAC 370.14.34 Custodial Drug Permits A facility with two or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to	8 034		

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8 034	Continued From page 6 purchase medications from any pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident's name; (d) the prescriber's name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist: The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three months, to determine that all medications and records are accurate and current. All irregularities shall be	8 034		

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8 034	Continued From page 7 reported to the administrator of the facility and these irregularities shall be resolved by the administrator within 72 hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (8) (9) Based on record review, observation, and interview, the facility failed to ensure any remaining medication discontinued by a physician's order, or upon discharge or death of a resident was inventoried, moved to a separate locked storage container, and was destroyed next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. This deficient practice could place residents at risk for harm, illness, or injury, if residents medications are not stored securely in locked rooms, cabinets, or refrigerators, resulting in misplacement, lost, stolen or taken by individuals other than the person for which the medication was prescribed.	8 034	8.370.14.34 A (8) (9) Community is working with local pharmacy to obtain a pharmaceutical disposal company for said expired medications. Community is also working with local pharmacist to be on a schedule quarterly review of medications prior to disposal pick of company.	3/31/24-Ongoing

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8 034	Continued From page 8 The findings are: A. On 12/02/24 at 9:53 AM, during a walk through observation of the facility, the storage room next to Room [redacted] was unlocked. Nine boxes full of medications were stored inside and included the following: 1. Three haloperidol 2 milligrams/milliliters (mg/ml) with syringe, 2. Two trazodone HCL tablet 150 mg, 3. Levothyroxine 0.088 mg, 4. Imodium, 5. Losartan tablet 50 mg, 6. Xerelto tablet 20 mg, 7. Lisinopril 20 mg tablet, 8. Memantine HCL10 mg tablet, 9. Metformin HCL 500 mg tablet, 10. Mucinex, 11. Amiodarone 200 mg tablet, 12. Amlodipine besylate 10 mg tablet, 13. Spiriva 18 micrograms (mcg) capsules, 14. Levetiracetam, unknown dosage, 15. Gabapentin, unknown dosage, 16. Ondansetron tablet, 17. Humalog Mix 75/25, insulin injector, 18. Enoxaparin sodium injection, 19. Vancomycin hydrochloride capsules 125mg, 20. Cromolyn sodium nasal solution, 21. Fluticasone propionate nasal spray. B. On 12/02/24 at 9:55 AM, during an interview, the Health and Wellness Director confirmed the boxes of medications were in an unlocked storage room. C. On 12/03/24 at 11:47 AM, during an interview, the Consultant Pharmacist stated staff should lock up medications waiting to be destroyed.	8 034		

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8 035	Continued From page 9	8 035		
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of	8 035		

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8 035	Continued From page 10 PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is	8 035		

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8 035	Continued From page 11 to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:	8 035		

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8 035	Continued From page 12 (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 M Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident that staff: 1. Reported medication errors to the physician. 2. Documented medication errors with prescribers response in R #1's record. This deficient practice could likely cause harm to the residents identified on the resident census provided by the Executive Director on 12/02/24 if the wrong medication was administered and was not reported to the resident's physician. The findings are:	8 035	8.370.14.35 M In person training for DCS will ensue to review correct rules and regulations for medication administration and to clarify the process of what to do for medication errors. 1. The training will include how to correspond with physicians, agencies or POA's involved in the individual resident's care. 2.Training on correct documentation of said incidents and correspondence with physicians on the matter. 3. Training will include review of reading the MAR and correct documentation in the MAR for correct administration of medications.	2/28/24 2/28/24 Ongoing

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MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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
8 035	Continued From page 13 A. Record review of R #1's physician orders revealed the following: 1. Dated 05/23/24 [redacted] 2. Dated 05/23/24 [redacted] 3. Dated 05/23/24, [redacted] 4. Dated 05/23/24, [redacted] 5. Dated 06/02/24, [redacted] 6. Dated 08/27/24, [redacted] B. On 11/27/24 at 9:30 AM, during an interview, th[redacted] stated they advised staff to administer [redacted] medication, but staff administered a dose of [redacted] to R #1. C. Record review of R #1's Medication Assistance Record (MAR), dated August 2024, revealed the following: 1. On August 30th, 2024 at 5:42 pm, Direct Care Staff (DCS) #4 administered [redacted] R #1. 2. On August 31st, 2024 at 9:08 am, DCS #4 administered a [redacted] medication to R #1. D. On 12/03/24 at 2:18 PM, during an interview, the Health and Wellness Director confirmed DCS #4 administered [redacted] o the resident without the permission of the resident's [redacted] E. Record review of R #1's file revealed there was not any documentation of the medication errors on the resident's MAR, in an incident report, or	8 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 12/04/2024

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MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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
8 035	Continued From page 14 listed anywhere in the resident's file. F. Record review of R #1's controlled medication log for [redacted] evealed the following: 1. On 08/30/24, the medication technician signed the[redacted] 2. On 08/31/24, the medication technician signed the[redacted] G. On 11/27/24 at 9:30 AM, during an interview, the[redacted] stated they advised staff to administer a dose of[redacted] o R #1, but staff administered a dose o[redacted] instead. H. On 12/09/24 at 9:50 AM, during an interview, the[redacted] confirmed the facility did not report the medication error to the physician.	8 035		