

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/17/2025
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NAME OF PROVIDER OR SUPPLIER DESERT PEAKS ASSISTED LIVING AND MEMORY CA	STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005
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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
{8 000}	Initial Comments Deficiencies were cited during an offsite revisit/ follow-up survey completed on 07/17/25 for the State requirements of NMAC 8.370.14. Regulations for Assisted Living for Adults. Resident Census: 44	{8 000}		
{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	{8 035}	Under the supervision of the Administrator and Regional Director, the Wellness Director will oversee the daily monitoring (Monday-Friday) of an enhanced medication report. This report will track missed and incomplete medication passes as well as identify any "holes" in the MAR. All Med Techs will be trained on how to properly utilize this report and will be held accountable for its accurate completion. Each shift, Med Techs are required to run the report and submit it with detailed notes regarding any missed medications. This process provides an opportunity to administer missed doses if it is still appropriate to do so. If a Med Tech is unable to find a medication, they must thoroughly search the entire cart for misplaced items and check the backup medication before marking the medication as "unavailable". They are then responsible for reordering the medication and attaching proof of the reorder to the submitted report. Med Techs are expected to order medications 5-7 days before supplies run out. Failure to comply with these procedures, or continued medication errors, will result in removal from the Med Tech role.	08/04/2025

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jana Quimper

TITLE

Administrator

(X6) DATE

7.29.25

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{8 035}	Continued From page 1 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 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;	{8 035}		

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{8 035}	Continued From page 2 (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 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,	{8 035}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DESERT PEAKS ASSISTED LIVING AND MEMORY CA

**5525 COTTONBLOOM COURT
LAS CRUCES, NM 88005**

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{8 035}	Continued From page 3 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: (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: This is an uncorrected deficiency from the survey dated 05/21/25. NMAC 8.370.14.35 G (16) Based on record review and interview, the facility failed to initial the Medication Administration Record (MAR) for 2 (R #'s 1 and 2) of 2 (R #'s 1 and 2) residents to demonstrate if the medication was missed, refused, or administered.	{8 035}		

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{8 035}	Continued From page 4 This deficient practice could likely result in residents' records being incomplete should there be an error in administered medications. The findings are: A. Record review of R #1's July 2025 Medication Administration Record (MAR) revealed the following: 01. [REDACTED] [REDACTED] Started 06/24/25 with no end date, was not documented as administered on July 12, 2025 with no exception noted. 02. [REDACTED] [REDACTED] Started 06/16/2025 with no end date, was not documented as administered on 07/12/25 with no exception noted. 03. [REDACTED] [REDACTED] Started 06/15/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 04. [REDACTED] [REDACTED] Started 04/24/25 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 05. [REDACTED] [REDACTED] Started 07/05/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 06. [REDACTED] [REDACTED] Started 05/14/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 07. [REDACTED]	{8 035}		

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{8 035}	Continued From page 5 ██████████ Started 07/09/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 08. ██████████ ██████████ Started 07/07/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 09. ██████████ ██████████ started 06/25/2025 with no end date, was not documented as administered on 07/12/2025 with no exception noted. 10. ██████████ ██████████ Started 06/25/2025 with no end date, was not documented as administered on 07/12/2025 with no exceptions noted. 11. ██████████ ██████████, Start 07/07/2025 with no end date, was not documented as administered on 07/12/2025 with no exceptions noted. 12. ██████████ ██████████ Start 07/07/2025 with no end date, was not documented as administered on 07/12/2025 with no exceptions noted. B. On 07/17/25 at 10:43 am, during an interview, the administrator confirmed R #1's July 2025 MAR did not contain the initials of the person assisting with the administering of medication and no exception was documented. C. Record review of R #2's July 2025 MAR revealed the following:	{8 035}		

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{8 035}	Continued From page 6 1. [REDACTED] [REDACTED] Started 11/29/25 with no end date, was not documented as administered on 07/04/2025 with no exception noted. 2. [REDACTED] [REDACTED] Started 05/18/25 with no end date, was not documented as administered on 07/04/2025 with no exception noted. 3. [REDACTED] [REDACTED] Started 05/29/25 with no end date, was not documented as administered on 07/04/2025 with no exception noted. 4. [REDACTED] [REDACTED] Started 07/02/2025 with an end date of 07/05/2025, was not documented as administered on 07/04/2025 with no exception noted. D. On 07/17/25 at 11:00 am, during an interview, the administrator confirmed R #2's July 2025 MAR did not contain the initials of the person assisting with the administering of medication and no exception was documented.	{8 035}			