

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER Brooke Hensley, RN (Administrator) 4-3-24 COMPASSIONATE CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2908 INDIAN FARM LN NW ALBUQUERQUE, NM 87107		
(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 000	Initial Comments The following deficiencies were cited during an Initial survey completed on [REDACTED] 24 for the state requirements of 7.8.2 NMAC Regulations for Assisted Livings for Adults. Resident Census: [REDACTED]	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff:	A 016	All responsible staff for hiring/performing background checks will be retrained and be required to perform background checks on the same day of an individual's job interview or volunteer's request to volunteer at the facility. They will be trained on when to order and what to request for the background check to be done. In the case that an individual has lived outside of the US in the last 5 years, a nationwide background check will be performed. All background checks will be reviewed by the facility Administrator and the Operator prior to the start date of an individual to ensure consistency and compliance with state regulations. The Administrator and house manager will monitor all employee/volunteer files to ensure that background checks are done prior to an individual's start date. Monitoring will occur each time the facility is hiring a new employee, ongoing on a monthly basis, and as often as needed to ensure compliance. This corrective action was completed on [REDACTED] 24.	[REDACTED] 24

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

TITLE

(X6) DATE

STATE FORM

6899

QEV611

If continuation sheet 1 of 14

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A 016	Continued From page 1 (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record;(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]	A 016		
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A 016	Continued From page 2 This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the	A 016	
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A 016 Continued From page 3 provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per	A 016
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A 016	Continued From page 4	A 016		
	instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006] Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) had been cleared by the Employee Abuse Registry (EAR) prior to hire. This deficient practice could likely negatively affect the safety and welfare of the [REDACTED] residents identified on the census provided by the Administrator on [REDACTED] 24, if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are: A. Record review of DCS #1's employee file [REDACTED] 24) revealed that the EAR clearance was not received until [REDACTED] 24. B. Record review of DCS #3's (volunteer - husband) file (hire date [REDACTED] 23) revealed that the EAR clearance was not received until [REDACTED] 23. C. On [REDACTED] 24 at 2:45 pm, during an interview, the Administrator confirmed that the EAR clearances for DCS #s 1 and #3 were not completed prior to their date of hire or began volunteering.	A 026	The Individual Service Plan forms for Compassionate Care Home will be revised to include a separate section for each resident's goals and outcomes. An addendum with the new ISP form will be created and completed for each ISP that has already been performed. A standard ISP form will be created for all residents and will be completed in a timely manner, which will be compliant with the state rules and regulations. All ISP forms will include:	[REDACTED] 24
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident	A 026		

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A 026	Continued From page 5 residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services;(8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]	A 026	a description of identified needs as noted in the resident evaluation, a written description of all services to be provided, who will provide the services, when or how often the services will be provided, how the services will be provided, where the services will be provided, and expected goals and outcomes of the services. This standard form will be used for all current and future residents. The facility Administrator will monitor all ISP's to ensure each ISP is completed with all required information and in a timely manner. The facility Administrator will monitor all ISP's within 10 days of each resident's move-in date and every 6 months thereafter. This corrective action was completed on [REDACTED] 24.	

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A 026	Continued From page 6 This REQUIREMENT is not met as evidenced by: 7.8.2.26 B (7) Based on record review and interview the facility failed to ensure that [REDACTED] residents whose Individual Service Plan (ISP) was reviewed for compliance included goals and outcomes. This deficient practice could likely result in residents not receiving the higher level of care and services needed, because the Direct Care Staff (DCS) do not know what care/services they are to provide and/or achieving the desired goals and outcomes from services offered by the facility if the ISPs do not include goals and outcomes. The findings are: A. Record review of R #3's Individual Service Plan (ISP) dated [REDACTED]/24, revealed that the ISP did not include goals and outcomes. B. On [REDACTED]/24 at 2:20 pm, during an interview with the Administrator, she confirmed that R #3's ISP did not include goals and outcomes.	A 026		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: 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	A 035	All staff responsible for handling/administering medications will be retrained and educated on ensuring each medication in the MAR has a diagnosis attached to it. The pharmacy will also be contacted to require a diagnosis be placed in the online MAR (QuickMar) for Compassionate Care Home. The facility Administrator and all staff handling medications will be required to check the MAR prior to administering any medications to ensure a diagnosis is listed with each medication being given. The facility Administrator and all staff handling medications will monitor the MAR to ensure compliance. Monitoring the MAR will be completed on a daily basis and reviewed each time a new medication is placed on the MAR.	[REDACTED] 24

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A 035	Continued From page 7 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 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.	A 035	The pharmacy will also perform quarterly MAR reviews to ensure the diagnosis is listed for each medication. This correction was completed on 03/20/24.	

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A 035	Continued From page 8 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 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;	A 035		

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A 035	Continued From page 9 (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: (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	A 035		

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A 035	Continued From page 10 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 (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (4) Based on record review and interview, the facility failed to ensure for [REDACTED] residents that the medications listed on the Medication Administration Record (MAR) included the diagnosis or reason for the medications. This deficient practice could likely result in the residents being at risk of harm/injury from medication errors if the medications listed on the MARs do not include the diagnosis or reason for the medication and the Direct Care Staff (DCS) who assist with medications do not know what the medication is for. The findings are: A. Record review of R #1's MAR from [REDACTED]/24 through [REDACTED] 24, revealed the MAR did not include the diagnosis or reason for use for [REDACTED] B. Record review of R #3's MAR from [REDACTED]/24	A 035		

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A 035	Continued From page 11 through [REDACTED]/24, revealed the MAR did not include the diagnosis or reason for use for the following medication: 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED] 5. [REDACTED] 6. [REDACTED] 7. [REDACTED] 8. [REDACTED] C. On [REDACTED]/24 at 1:10 pm, during an interview, the Administrator confirmed that R #s 1 and 3 medications listed on their MAR from [REDACTED]/24 through [REDACTED]/24, did not include the diagnosis or reason for the medications.	A 035		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill;	A 065	The Administrator will create a new fire drill form which will include a section to record the number of staff participating in the fire drill. The Administrator will revise all past fire drills and record the number of staff that participated in the fire drills from January and February of 2024. All staff will be retrained to record the number of staff that participated in each fire drill and each staff member will be required to sign their name on each fire drill report. All fire drill logs will be reviewed by the facility Administrator to ensure consistency and compliance. The Administrator and house manager will be required to review each fire drill log to ensure that each staff member present has signed off and is counted for. The monitoring of fire drill logs will be completed monthly and as needed to ensure compliance. This correction was completed on [REDACTED] 24.	[REDACTED] 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2908 INDIAN FARM LN NW ALBUQUERQUE, NM 87107	

Division of Health Improvement

(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 065	Continued From page 12 (2) the time of the drill; (3) the number of staff participating in the drill;(4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 B (3) Based on record review and interview, the facility failed to ensure that fire drills conducted monthly included the number of staff participating in the fire drill. This deficient practice could likely result in the [REDACTED] residents identified on the census, provided by the Administrator on [REDACTED] 24, to be at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record review of the facility's fire drill records for January 2024, and February 2024, revealed the record did not contain any documentation of the staff that participated in the fire drill. B. On [REDACTED] 24 at 10:35 am, during an interview with the Administrator, she confirmed that the facility fire drill records for January 2024 and February 2024 did not include any documentation of the number of staff that participated in the fire drill.	A 065		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2024
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