Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1st Original	5686	A. BUILDING _____ B. WING _____	02/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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
A34	7 NMAC 8.2.34 Resident Rights 7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents. A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding. B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority: (1) the resident's spouse; (2) any of the resident's adult children; (3) either of the resident's parents; (4) any relative the resident has lived with for six or more months before admission; (5) a person who has been caring for, or paying benefits on behalf of the resident; (6) a placing agency; or (7) any other person, e.g., Ombudsman. C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility: D. The facility, to protect resident rights must: (1) Treat all residents with courtesy, respect, dignity and compassion. (2) To the extent that resident required services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality. (3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any	A34	Scanned 3/4/10 JM RECEIVED FEB 2010 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Gary Tipton — TITLE DIRECTOR — (X6) DATE 2-25-2010

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

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A34	Continued From page 1 changes. (4) Assure that residents have a safe and sanitary living environment. (5) Provide humane care. (6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records. (7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room. (8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family, friends, lawyers, ombudsmen and community organizations. (9) Prohibit the use of any and all physical and chemical restraints. (10) Assure the residents are free from physical and emotional abuse and neglect. (11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management. (12) Consistent with the resident's health, abilities and security, assure the right of the resident to freely participate in religious, social, community and other activities; and freely associate with persons in and out of the facility. (13) Permit the residents to leave the facility freely and return without unreasonable restriction. (14) Prevent unjustified room transfers or discharge from this facility. (15) Use care and management practices that foster social interaction and avoid practices	A34		

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A34	Continued From page 2 that unnecessarily result in social isolation. (16) Provide services consistent with informed consent. (17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation. (18) Promptly address and resolve resident complaints. (19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment. (20) Respect a resident's choice of doctor, pharmacist and other health care provider. (21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care. (22) Respect a resident's right to keep and use personal possessions without loss or damage. (23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds. (24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management. (25) Require no resident to work for the facility. (26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker.	A34		

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A34	Continued From page 3 (27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care. E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.34 D. (4) . . . safe and sanitary living environment. Based on observation and interview the facility failed store dishes used for dining and paper towels used for hand drying away from hazardous materials. This deficient practice has the potential to affect 100% of the facility residents. The findings are: A) During tour of the facility food storage room on 2/2/10 at 2:45 p m, the following was observed: Carpet cleaner, oven cleaner, and Extra Point Restorer were stored on the same shelf and next to two boxes of diner plates and several paper towel rolls used for hand drying. B) In an interview with the administrator on 2/4/10 at 11:00 a m, the administrator acknowledged the carpet cleaner, oven cleaner, and Extra Point Restorer were stored on the same shelf and next to two boxes of diner plates and several paper towel rolls used for hand drying.	A34	A 34 Continued from page 3 Refer to 7.8.2.34 D.(4)...safe and sanitary living environment. After surveyor:22697 left the building, Quality Assurance supervisors and Director removed the chemical from the food storage area on 2/2/10. Director gave in-service on 2/10/10 on not storing anything but food and paper products in the facility food storage area. Signs were made and put on the shelves stating no chemicals on shelves in food area. Director and Maintenance Supervisor and staff had a meeting and discussed not putting any chemicals in the food storage area.2/10/10 The Initial responsibility will be the Quality Assurance Supervisor. Final responsibility will be the director to assure building needs are corrected as identified on a weekly basis..	2/2/10 2/10/10 2/10/10
A36	7 NMAC 8.2.36 Medications	A36		

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A36	Continued From page 4 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. 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 by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form.	A36		

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A36	Continued From page 5 (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility.	A36	A 36 Continued from page 6 Refer to7.8.2.36.C. No medications...shall be started, changed, or discontinued..without an order by the physician MARs was corrected when surveyor:22697 left the building on 2/04/10. Med Assistance In-Service was held on 2-12-10 with all certified med - techs and Nurse Celia. Discussion of Doctors orders with correct dosage and the correct time written on the MARs. Quality Assurance Supervisor, Med-Tech leader and Director have gone through the Mars to identify any errors from doctor orders. Quality Assurance Supervisor, Med-tech, Director and Nurse will monitor as new medications are received. A copy of the new orders are received by the Med- Tech. Nurse and Director will get a copy to monitor the new medication or change of medication from physicians.	2/4/10 2/12/10

Con't from page 6

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A36	Continued From page 6 [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 22697 Refer to 7.8.2.36 C. No medications . . . shall be started, changed, or discontinued . . . without an order by the physician . . . Based on record review and interview the facility failed to assist with the administration of the correct dosage and the correct time for the dosage for 2 of 5 resident Medication Administration Records (MAR) reviewed (R1 & R2). This deficient practice has the potential to affect 100% of the facility residents. The findings are: A) Record review on 1/27/10 revealed the following: 1. Physician's orders for resident R1: Abilify 5mg qhs [bedtime] 1-20-10. 2. The January 2010 MAR for resident R1 revealed the Abilify was being administrated at 1200 [12:00 p m (noon)]. 3. Physician's orders for resident R2: Os-Cal 500 mg 1 tab PO [oral] BID [twice a day]. 4. The January 2010 MAR for resident R2 revealed the Os-Cal was being administrated only once a day. B) In an interview with the administrator on 2/4/10 at 2:15 p m, the administrator acknowledged the medication errors for resident R1 and R2.	A36	A 36 Quality Assurance Supervisor will monitor MARS on and bi-weekly bases and Director will continue to monitor Mars with physician orders as final check for administration of correct dosage and the correct time for the residents.	