



Investing for tomorrow, delivering today.

Assisted Living: Regulatory Update 2023

Presenters:

Christopher Burmeister, DHI Director

Maurella Sooh, District Operations Bureau Chief

Alana Curlee, Licensed Oversight Manager

On the Horizon: Legislature and Licensing Challenges

- Health Care Authority Department

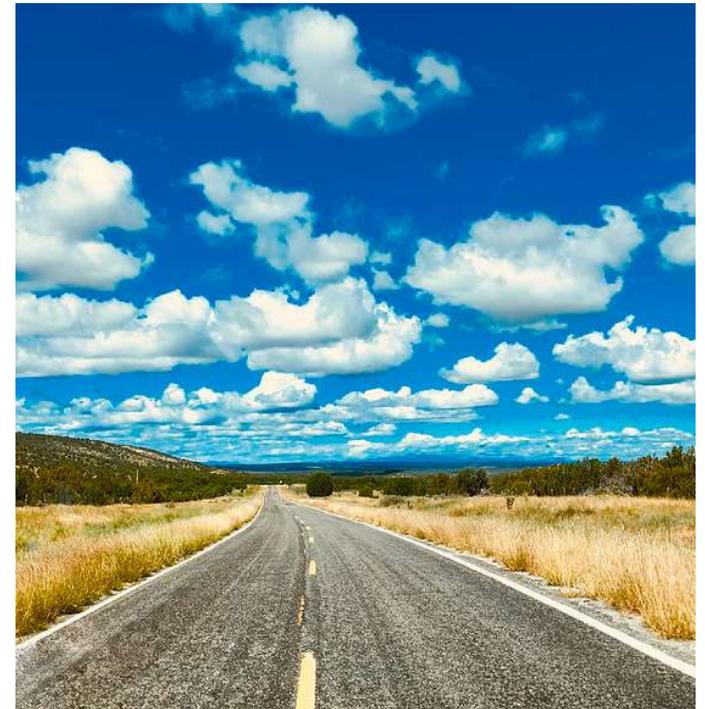
Rename the New Mexico Human Services Department with the purpose of "establishing a single, unified department for health care purchasing, regulation and policy"

- Unlicensed Boarding Homes

(3) Licensed Boarding Homes, limited alternatives to move residents when ANE is identified, psych hospital referral gap, continuous collaboration with APS/Ombudsman/Medicaid

- Assisted Living Facilities

222 Licensed Assisted Living Facilities: complaints driven, and full onsite reviews are initiated when no survey for over (3) years



Licensed Facilities

- 222 Assisted Living Facilities
 - 20 closures since July 2022
- 26 Adult Day Cares
- 3 Boarding Homes
- 4 Crisis Triage Centers

Licensed Oversight Surveyors

- 12 LO surveyor positions
- (1) Manager
- (2) Vacancy
 - (RN Surveyor)
 - (Health Surveyor)

Licensed Oversight Department

Assisted Living Survey Stats

July 2022- June 2023)

8 Initials
5 Initials with complaints
3 Full onsite only
42 Full onsite with complaints
29 Complaints Surveys
99 Revisits

Conducted 186 total surveys
Cited 619 Deficiencies
Completed 173 Complaint investigations

Average onsite survey time: 22 hours
More offsite interviews and record reviews
Survey reports submitted within 10 days: 63%

Top Deficiencies

0032- Reporting of Incidents	53
0034 – Custodial Drug Permit	40
0017 – Staff Training	39
0025 – Resident Evaluation	39
0026 – Individual Service Plans	37
0038 - Housekeeping Services	35
0036 – Nutrition	32
0020 – Admission and Discharge	31
0035 - Medication	28
0016 - Staff Qualifications	24
0059 - Windows	22
0065 – Fire Drills	21
0033 - Resident’s Rights	20
0066 – Staff and Resident Fire Safety Training	16
0068 – Hospice	16
0037 – Laundry Services	14
0063 – Fire Extinguishers	13
0022 - Facility Reports, Records, Rules, Policies, and Procedures	13

Top 10 Deficiencies

1. Reporting of Incidents

- Not reporting within 24 hours/next business day if Holiday/Weekend.
- Not conducting internal investigations and submitting Follow-up reports

2. Custodial Drug Permit

- Medications not available/Assisting residents in obtaining medications
- Ordering new medications and refills timely
- Medication/Narcotic storage and reconciliation
- Discontinued, expired, and overstock medications
- Oxygen storage/Signage

3. Staff Training

- 16-hrs of Supervised training prior to providing unsupervised care.
- 12 hours of orientation and annual training
- Medication Assistance training and Certificates from state approved training course.
- Annual Hospice and Alzheimer's/Dementia care training.

4. Resident Evaluations

- Initial evaluations not completed within 15-days prior to admission.
- Evaluations not reviewed by Nurse/updated if needed every 6 months or when a change of condition occurs.
- Inviting residents/family/legal representatives to participate in the development of the evaluation .
- New Evaluation created with change of ownership.

5. Individual Service Plans (ISPs)

- Within 10-days of Admission/every 6 months/change of condition/Reviewed by Nurse
- Address all resident needs
- Goal/outcomes
- Inviting residents/family/legal representatives to participate in the development of the ISP.
- New ISP created with change of ownership.

6. Housekeeping

- Storing/securing of cleaning supplies
- Cleanliness

7. Nutrition

- General cleanliness
- Meals be served timely
- Maintaining hot/cold temperatures when food served.
- Available snacks
- Food storage/refrigerator and freezer temperatures/monitoring and documentation
- Staff training
- Trash cans not covered with tight fitting lids

8. Admission/Discharge

- Admitting residents beyond the level of care the facility can provide.
- No exception meetings
- Refund upon Death
- New Admission/Discharge Agreement created with change of ownership

9. Medications

- Certificates of Completion from a state approved training course for staff who assist with the self-administration of medications.
- Non-Licensed staff administering medications
- Conducting invasive procedures/Administering medication/feeding residents via G-tube.
- Medication Administrator records-all required documentation.
- Physician orders for all medications listed on the MAR.
- Exceptions for missed medications and reason for/results for PRN (as needed) medications.

10. Staff Qualifications

- EAR/CCHSP applications, fingerprints, clearances not being completed/received as required.
- New clearances required when there is a change in ownership.
- Companies with multiple facilities
- Documentation needed-applications/fingerprints/summary reports/clearance letters/and additional documentation.

Regulations Challenges

A017: Staff Training

- 16 hours of supervised training, before providing unsupervised care.
- 12 hours of orientation and annual training requirements:
- Orientation: Regulations due not give a specific time frame. Surveyors look for documentation to show new staff have completed the training in a reasonable time frame after date of hire.
- Annual: Expected to be completed by the end of each year from date of hire.
- Documentation of completed trainings need to be organized and maintained onsite.

A068: Hospice

B: 6 hours of hospice specific training annually. The six hours of training needs to be completed within 1 year from date of hire.

A069: Memory Care Unit

C: 12 hours of Dementia/Alzheimer's training annually. The 12 hours of training needs to be completed within 1 year from date of hire.

A020: Admission and Discharge

- B: Restrictions in admission-Hospice, pressure sores, Hoyer lifts, tracheostomy care, feeding tubes, and other conditions that usually requires continuous nursing care. Regulation does not allow non-licensed staff to Administer medications or provide care beyond their scope of care allowed, because a resident chooses to receive hospice services. Medication Administration and nursing care can only be provided by licensed staff.
- C. Exceptions to admission, readmission, and retention:
- Team meetings need to be convened prior to Admission, retention, and/or readmission.
- All team members need to agree/sign that the facility can provide the level of care needed, without negatively impacting the other residents or staff.
- Documentation of team meeting and that everyone's agreement that the resident's care needs can be met by the facility meetings need to be onsite and available for review. (Do not thin from charts/e-files.
- D. Coordination of Care: There must be evidence of coordination of care on the Residents' ISP for all services provided by outside agencies.

What we are doing to improve

Requested funds to hire more surveyors and began to conduct ALF surveys on a regular interval

Conducting more offsite revisits to more quickly close out the survey enforcement

Ongoing Surveyor trainings (examples: ANE, Investigating Complaints, writing deficiencies etc.)

Rewriting the regulations

What Providers can do

Provide

Provide records requested quicker onsite and via fax/email.

- Resident/Staff/Facility records disorganized or not available when requested.

Update

Update contact info to Licensing Department

Submit

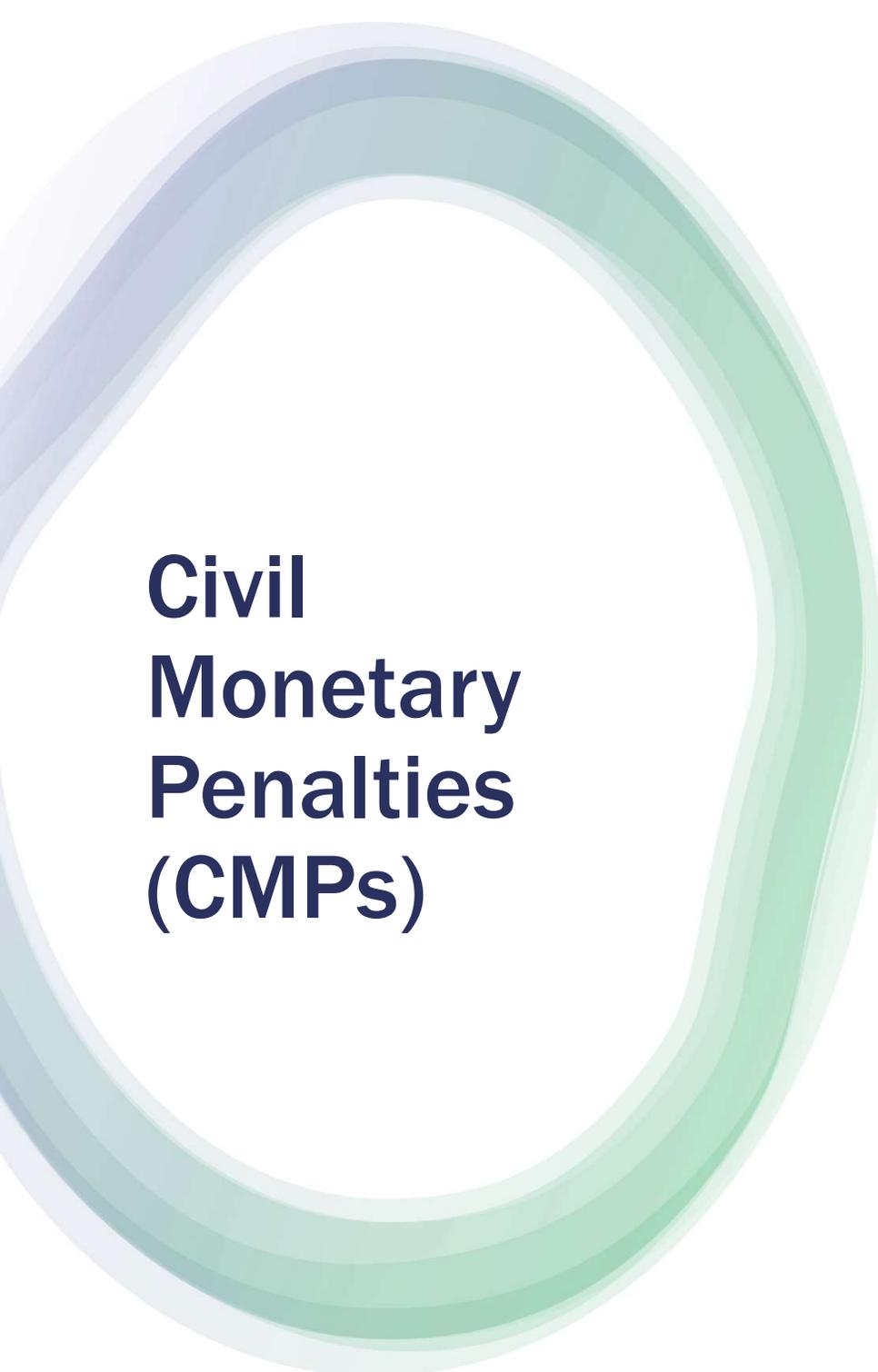
Submit POCs timely (10 calendar days): must be on state form and sign/dated

- Don't send encrypted, send as an email attachment

Prepared

Be prepared for revisit, provide requested documentation. This may be in person or requested via email

- Citations not corrected by date of compliance set by facility resulting in multiple revisits needed to clear survey.



Civil Monetary Penalties (CMPs)

Fined approx. \$3k from (3) ALF Providers

- A033: Resident did not receive ordered medications (hadn't arrived from pharmacy) for 12 days; likely resulting in increased confusion, insomnia at nights, sleeping during the day: Class C; Fined \$200
- A033: Resident to resident repeated physical and emotional abuse: Class C; Fine \$600
- A033: Not initiating CPR or immediately call 911 when resident with full code status was found unresponsive. Class A; Fine \$2000

Complaints

In FY23, we received 914 consumer complaints.

- 499 of those were assigned for onsite investigation= 55%

Follow up Investigations:

5,856 out of 6,791 incident reports were completed with approved corrective action plans (follow up reports)= 86%

- We also conducted 46 facility reporting trainings.

There have also been major improvements in the last 2 years to the online reporting system to enhance accuracy for reporting.

Changed language from Substantiated/Unsubstantiated to Deficiencies cited/Compliance

[Report Abuse, Neglect & Exploitation \(nmhealth.org\)](http://nmhealth.org)

This Form Will Not Be Submitted Until You Have Completed All The Required Fields On Each Page.

HEALTH FACILITY INCIDENT REPORT (SFY 2017)

Case #:

Fields in red are required

SECTION 1 – CONSUMER INFORMATION

Name of Consumer: **First:** **Middle:** **Last:**

Social Security #: Gender: Male Female DOB:

Residence Address: **Street Address:** **City:** **Zip:** **Phone:**

Consumer Competency Level **ADLs (Resident Needs Assistance With) Check All That Apply**

High Moderate Low Walking Wheelchair Bathing Eating Transfer

Total Care None **Verbal** Yes No

Diagnosis(es):

Name of Consumer's Doctor: Doctor's Phone:

SECTION 2 – DESCRIPTION OF INCIDENT (Staff person with the most direct knowledge of incident fills out this section)

TYPE OF ALLEGED INCIDENT

Abuse Neglect Exploitation Injuries of Unknown Origin

Person responsible for individual's care at time of incident:

Name: Title: Phone:

Has this happened before? YES NO

Was anyone else present at the time of the incident? YES NO If YES, Identify below:

Name: Title or Relationship: Phone:

Name: Title or Relationship: Phone:

Date Of Incident: **Time Of Incident:** AM PM Unknown

Describe what you saw and/or what you heard in order of occurrence:

Before the Incident:

During the Incident:

After the Incident:

Person Completing Sections 1 & 2

Confidentiality Desired:	Name:	Agency:	Title/Relationship:	Phone:	Date Completed:	Time Completed:
<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This Form Will Not Be Submitted Until You Have Completed All The Required Fields On Each Page.



Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

When To Report To Licensing

Providers need to contact licensing when the following changes are made:

- Change of Administrator
- Change of Address
- Change of Capacity
- Change of Facility Name
- Change of Ownership
- Remodeling
- No Residents Occupy the Facility
- Closure

The licensing department should be notified of all above changes, with the exception of the change of administrator, through a letter of intent emailed as a PDF to facility.license@doh.nm.gov at least 30 days in advance.

Changes of administrator do not need a letter of intent, but do need to submit a change of administrator application, \$300.00 fee, and the following documents:

- Copy of Driver's License (must be at least 21 years old)
- Proof of Education (high school or college diploma or final transcript)
- Resume
- 3 Original, Notarized Letters of Reference (from persons unrelated)
- Proof of Completion of a State Approved Certification Program for Assisted Living Administrators
- NM Caregiver's Criminal History Screening Clearance Letter **and** Accompanying Report (EAR/COR Final Registry Report)

The administrator packet should also be submitted 30 days prior to the official start date of the administrator or in the event of an unplanned change of administrator the packet should be sent immediately upon hire of the new administrator.

******The facility should reach out to the clerk assigned to their district if they have had a change of contact information or if they have undergone a change not listed above. We will contact them with a renewal reminder about 60 days before their license expires so keeping us up to date on their email and phone number is important.

Satisfaction Survey Results

DHI staff:	
Professional/courteous	100% Agree/Strongly Agree
Fair/Unbiased	100% Agree/Strongly Agree
Trained/Knowledgeable	100% Agree/Strongly Agree
Team Leader kept you informed	100% Agree/Strongly Agree

* 12 Assisted Living Facility responses

- Some of the best I have had the pleasure of working with
- Actually, this survey was one of the smoothest, well-organized survey in recent memory. Good Job!
- It went well, no complaints DOH staff was extremely knowledgeable
- Be aware of the personal investment people have
- I found the new process of the providing responses to DOH via phone and internet very productive for both parties
- They were very nice and explained the process along the way
- He provided great information, fair, and patient while we gathered requested information.
- Working with the current surveyors was very nice not stressful as he has been experienced in working with some surveyors over the years.
- Just thank you for being nice and helpful when something is wrong.
- Too many of the regs are ambiguous and wide open to interpretation. I also feel that DHI/DOH could do a better job supporting it's members with documentation examples and training offerings. If it's a DOH requirement, then DOH should have corresponding compliance support available.



Thank you!