Division of Health 1m rovement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X!) PROVIDERYSUPPLIERiCLIA IDENTIFICATION NUMBER:	0<2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	2116	A. BUILDING: _____ B. WING	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS. CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID p REF IX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

8 000	Initial Comments The following deficiency was cited during a Complaint survey completed on 10/02/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Census: #10 Complaint Intake NM [redacted] was investigated, and deficiencies were not cited. Complaint Intake NM [redacted] was investigated, and deficiencies were cited.	8 000		
8 037	8 NMAC 370.14.37 Laundry Services A. General requirements: The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.	8 037		

Division of Health Improvement *Vanessa Estrada*

LABORATORY DIRECTORS OR PROVIDER'SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Manager DATE 10/13/25

Division of Health 1m rovement

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIERiCLIA IDENTIFICATiON NUMBER:	(k2) MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED
	2116	A. BUILDING: _____ B. WING _____	C 10/02/2025

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8 037	Continued From page l (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [3.370.14.37 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals (any chemical which can cause a physical or health hazard) were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in residents being harmed or injured if the residents were to ingest (take food, drink, or another substance in the body by swallowing or absorbing it), or spill chemicals, cleaning supplies, or hazardous chemicals. The findings are:	8 037		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(xl) PROVIDERjSUPPLIERiCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING: _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS. CITY, STATE, ZIP CODE
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8 037	Continued From page 2 A. On 09/29/25 at 12:51 pm, during an observation of the facility's laundry room located at the southeast hallway, the laundry room was unsecured and the door open. The following chemicals were accessible to residents: I . Three (3) bottles I .5 pint toilet bowl cleaner. 2. One (1) can 19 ounce (oz) aerosol glass cleaner. 3. One (1) bottle I quart bathroom cleaner. 4. One (I) bottle 2.5 litter window cleaner. 5. One (1) bottle one gallon (gal) lavender-scented Multi-purpose disinfection cleaner. C. On 09/29/25 at 01:13 pm, during an interview, the administrator confirmed the laundry room was unsecured and the chemicals were accessible to the residents.	8 037	8 037 The administrator will assure you that all cleaning supplies are stored and locked in a separate area away from the laundry room and that the door is always locked. The administrator will also assure you that the laundry supplies are always in a lock cabinet and that the laundry room door is always locked. Plan of correction will be made by 10/31/2025	
8 060	8 NMAC 370.14.60 Fire Clearence and Inspections A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal's office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual	8 060		

Division of Health 1m rovement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(Xi) PROVIDER-FSUPPLIER'CL'A IDENTIFICATION NUMBER:	(Q) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	2116	A. BUILDING: _____ B. WING _____	C 10/02/2025

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8 060	Continued From page 3 inspections, a copy of the latest inspection must be kept on file in the facility. [8.370.14.60 NMAC - N, 7/1/2024] This REQLJIREMENT is not met as evidenced by: 8.370.14.60 (A) (B) Based on record review and interview, the facility failed to ensure that the facility had an annual inspection from the local fire authority having jurisdiction. This deficient practice could likely result in the residents and all other occupants of the building, to be at risk of injury or death if a fire were to occur. The findings are: A. Record review of facility records revealed, there was not an existing fire permit posted in the facility, inspection was done on 04/21/2025, but no permit was posted and was not available for review. B. On 10/01/2025 at 2:43 pm, during an interview with Administrator , she confirmed that she could not find any documentation of an annual fire inspection or any documents from the fire authority.	8 060	8 060 - The administrator will ensure that we will set up an annual inspection with the local fire authority and that we will make sure that the fire permit is posted in the facility. This correction will be completed by 10/31/2025	

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