STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4012	A. BUILDING: _____ B. WING _____	C 02/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING OF NORTH ALBUQ AC	7500 OAKLAND AVE NE ALBUQUERQUE, NM 87113

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8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 02/07/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 25 Complaint Intake NM [redacted] was investigated with deficiencies cited.	8 000		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9	8 032	8 032 Life Spire will initiate a policy that the. incident management coordinator will on a weekly basis call and follow-up on 5 day reports that are due to mitigate late reporting with manager. Managers will be required to Submit date of 5 day f/u submission in weekly status report submitted to manager. Administrator will monitor weekly for on time submission and will implement corrective action with facility manager when needed. Agency will obtain a 0 late performance measure monthly .	2/25/25

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8 032	Continued From page 1 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 (B) REPORTING OF INCIDENTS: A. The facility shall ensure (to make certain that something shall occur or be the case) that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident that the Follow-Up Report/FUR (a report detailing the facility's internal investigation findings) was submitted within five (5) business days of the incident date.	8 032		

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8 032	Continued From page 2 This deficient practice could likely result in preventing staff from determining the cause of the incident, identifying staff training opportunities, and implementing changes as needed. The findings are: A. Record review of Complaint Intake [redacted] (a facility self-report, received on 01/24/24) revealed on 01/21/24 at 3:30 pm, R #1 was found on the floor (next to her bed) and complained of pain. B. Record review of the facility's FUR for the incident, that occurred on 01/21/24 involving R #1, was submitted on 03/13/24. C. On 02/06/25 at 1:44 pm, during an interview, the Administrator confirmed that the facility's FUR dated 03/13/24 was not submitted within five (5) business days of the incident date 01/21/24.	8 032		
8 068	8 NMAC 370.14.68 Hospice An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 8.370.14 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to "definitions," 8.370.14.7 NMAC, the following definitions shall also apply. (1) "Hospice agency" means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their	8 068	Life Spire will develop a policy that now requires direct care staff and management to call hospice to inform them of all refused PRN medications. Policy will also instruct staff to call hospice for change in condition such as attempting to get out of bed, increase in anxiousness, agitation etc. Changes in care plan and frequency of services will be called into hospice agencies as well. Implementation of any Fall protective devices supplied by hospice must be approved by the IDT and ALF prior to hospice delivering and being placed in use.	2/25/25

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8 068	Continued From page 3 families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 8.370.19 NMAC. (2) "Hospice care" means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms. (3) "Licensed assisted living provider" means a facility that provides 24 hour assisted living and is licensed by the health care authority. (4) "Hospice services" means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members. (5) "Care coordination requirements" means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services. (6) "Palliative care" means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure. (7) "Terminally ill" means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live. (8) "Visit notes" means the documentation of the services provided for hospice residents and includes ongoing care coordination. B. Employee training and support: A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services: (1) provide a minimum of six hours per year of	8 068		

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8 068	Continued From page 4 palliative/hospice care training, which includes one hour specific to the hospice resident's ISP, in addition to the basic staff education requirements pursuant to 8.370.14.17 NMAC; and (2) offer an ongoing employee psychological support program for end of life care issues. C. Individual service plan (ISP) requirements: (1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident's needs as outlined in the ISP and shall include one hour of training specific to the resident for all direct care staff. (2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following: (a) the requirements set forth in the "individual service plan," 8.370.14.26 NMAC, and "Exceptions to admission, readmission and retention," Subsection C of 8.370.14.20 NMAC; (b) what services are to be provided; (c) who will provide the services; (d) how the services will be provided; (e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process; (f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and (g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them. (3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals: (a) a physician;	8 068		

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8 068	Continued From page 5 (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws. D. Care coordination. (1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 8.370.19 NMAC and ensure that the hospice agency is well informed with regard to the assisted living provisions pursuant to Subsection C of 8.370.14.20 NMAC. (2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with "exceptions to admission, readmission and retention," Subsection C of 8.370.14.20 NMAC. (3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident's record for hospice documentation. (a) The facility shall provide individual records for each resident. (b) The hospice agency shall leave documentation at the facility in the designated section of the resident's record. (4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident's freedom of choice with regard to decisions. (5) Hospice services shall be available 24 hours a day, seven days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident's individual service plan (ISP) and pursuant to 8.370.14 26 NMAC.	8 068		

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8 068	Continued From page 6 (6) The assisted living facility shall ensure the coordination of services with the hospice agency. (a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident's condition and care needs. (b) The assisted living facility shall receive information and communication from the hospice staff at each visit. (i) The information shall include the resident status and any changes in the ISP (i.e., medication changes, etc.). (ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation. (c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members. (d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator. (i) The process may be informal or formal depending on the nature of the issue. (ii) If an issue cannot be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified. E. Additional provisions: An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements: (1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP; (2) private visiting space: (a) physical space for private family visits;	8 068		

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8 068	Continued From page 7 (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident's death. F. Medicare and Medicaid restrictions: Assisted living facilities shall not accept a resident considered "hospice general inpatient" which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid. [8.370.14.68 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.68 D (1) Based on record review and interview, the facility failed to ensure for 1 (R[redacted] of 1 (R [redacted] resident that care coordination outreach was made to the [redacted] agency when the resident displayed unusual behaviors and refused medication to address the behaviors. This deficient practice could likely result in residents not receiving the care and interventions needed to prevent harm. The findings are: A. Record review of Complaint Intake[redacted] (received on 08/26/24) revealed the following: 1. On 01/21/24 at 11:30 am, R[redacted] Power of Attorney (POA) [redacted] was informed by the facility that R[redacted] ell out of bed on 01/21/24. 2. An X-ray (electromagnetic radiation used to generate images of tissues and structures in the body) was conducted and revealed a "fracture or break" in [redacted] leg. 3. On the seventh day after R[redacted] fall, [name of facility] informed POA of R [redacted] passing.	8 068		

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8 068	Continued From page 8 4. The POA [redacted] requested an autopsy which revealed a diagnosis of, "blunt trauma." B. Record review of R[redacted] Postmortem Examination (an examination of a dead body to determine cause of death) report dated 02/07/24 revealed the following: 1. R #1's date and time of death pronouncement was [redacted] at [redacted]am. 2. The cause of death stated, "Complications of blunt trauma," (conditions resulting from physical trauma due to forceful impact/fall). 3. The manner of death stated, "Accident." C. Record review of R[redacted] Face Sheet dated [redacted]/22 revealed [redacted] was diagnosed with [redacted] disease, unspecified [redacted] D Record review of R[redacted] (date of admission [redacted] Resident Assessment/Evaluation dated [redacted] revealed, R[redacted] "Has difficulty walking alone," and "Needs wheelchair to get around. Needs support of staff to walk." E. Record review of R[redacted] Individual Service Plan (ISP) dated [redacted] revealed: 1. R[redacted] tends to scoot down on [redacted] bed often which is assumed to be an indication of self-repositioning or anxious behavior. 2. R[redacted] is bedbound. "Keep bed rails up." 3. "Staff are to attempt to reposition if [redacted] R[redacted] tolerates without becoming aggressive to staff. If [redacted] aggressive, assure [redacted] is safe and return when calm or after a pro re nata (PRN) medication to help calm [redacted] F. Record review of an internal (facility-created) incident report dated 01/21/24 at 4:30 pm	8 068		

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8 068	Continued From page 10 shift,from approximately 2:00 am to 5:00 am R[redacted] tried to get up out of bed and walk/leave at least 4 or 5 times, possibly more than based off what [redacted] could recall. DCS #1 stated she was not responsible for notifying the [redacted] that R[redacted] and that R[redacted] kept trying to get up and walk, but that she notified the oncoming shift House Manager before she left at 10:00 am on 01/21/24. K. On 02/06/25 at 3:01 pm, during an interview, the Administrator stated R[redacted] provider should have been notified that [redacted] was trying to get out of bed [redacted] and walk multiple times and that R[redacted] during the graveyard shift on 01/21/24. L. On 02/14/25 at 12:10 pm, during an interview, R[redacted] Physician stated the facility should have notified [redacted] that R[redacted] was trying to get out of bed o[redacted] own and walk multiple times during the graveyard shift on 01/21/24. He also stated the [redacted] provider should have been notified that R[redacted] efuse[redacted] PRN [redacted] and stated, "We like to be informed." He stated anytime DCS change the protocol of how frequently they check on a resident, such as increasing the checks to every 30 to 45 minutes, that would warrant a phone call to be made to notif[redacted] He stated they[redacted] could have come to the facility and intervened by putting a mattress on the ground in case R[redacted] fell. He stated he did not recall being notified of R[redacted] attempts to get up or[redacted] own and walk [redacted] refusal of [redacted] and that everything would be documented in the [redacted] records for R[redacted] if that was communicated to the [redacted] provider.	8 068		

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8 068	Continued From page 9 revealed R[redacted] was found on the floor next to [redacted] bed. When asked how [redacted] fell, R[redacted] was trying to get out of bed to brush [redacted] teeth and she thought [redacted] could do it[redacted] G. On 02/05/25 at 4:46 pm, during an interview, Direct Care Staff (DCS) #1 stated the following: 1. The night before (01/20/24) R[redacted] fell on 01/21/24, during the graveyard shift, she (DCS #1) worked from 10:00 pm to 10:00 am, and R[redacted] "became very lucid (a period of thinking clearl between intervals of confusion), was talking non-stop, and was trying to get out of bed." 2. Due to R[redacted] trying to get out of bed, she started checking on her more frequently at a rate of every 30 to 45 minutes. 3. She let all the other facility staff know that R[redacted] was trying to get out of bed. She stated this was the only time [redacted] R[redacted] had done that on her shifts that [redacted] DCS #1) was aware of. She stated R[redacted] bed rails were up throughout her shift. 4. She tried to give R[redacted] a pro re nata (PRN/as needed) [redacted] was trying to get out of bed, but [redacted] refused. H. Record review of a physician's order dated 04/26/23 revealed R[redacted] was prescribed [redacted] I. Record review of R #1's January 2024 Medication Administration Record (MAR) revealed an entry dated 01/21/24 at 6:30 am documented that R[redacted] J. On 02/06/25 at 2:58 pm, during an interview, DCS #1 stated on 01/21/24 during the graveyard	8 068		