STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING: _____ B. WING _____	C 09/19/2024

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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 09/19/24 for the state requirements of 8.730.14 NMAC, Regulations for Assisted Living for Adults. Census: [redacted] Complaint Intake NM[redacted] was investigated, and related deficiencies were cited.	8 000		
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 15 days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident's functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six months or when there is a significant change in the resident's health status. C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc.; (3) communication and hearing; ability to communicate needs and understand instructions, etc.; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being;	8 025		

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8 025	Continued From page 1 (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 A, C (14) and E Based on record review, photo evidence, and interview, the facility failed to ensure for 1 (R #1) of 3 (R #s 1, 2 and 3) residents whose files were reviewed for compliance, that resident evaluations were updated when there was a significant change in health status [redacted] for R #1. This deficient practice could likely cause harm to	8 025	Immediate action was taken to ensure residents assessments are updated when there is a change of condition that occurs. Will in the future ensure that assessments are updated when there is a change of condition of a resident. The Nurse will update residents assessments when there is a change of condition to ensure all staff have knowledge of the changes. Manager and the Nurse will ensure that all change of condition assessments are filed in the residents chart. Corrective Action is Complete.	10/07/2024

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8 025	Continued From page 2 the resident if the Direct Care Staff (DCS) do not have knowledge or directives in regard to [redacted] for R #1 when the significant change in health status [redacted] occurred. The findings are: A. Record review of R #1's [redacted] notes (dated [redacted], revealed a significant change of health status as follows: 1. On [redacted] registered nurse (RN) stated R #1's: a. [redacted] b. Rt. heel was painful. c. R #1's [redacted] d. [redacted] was recorded as acute (sudden, severe/intense degree). 2. On [redacted] the [redacted] RN: a. Provided [redacted] for R #1, and educated the facility's DCS on their role for [redacted] written directives were left with DCS. b. Stated R #1's pain level increased. 3. On [redacted] the [redacted] RN ordered: [redacted] 4. On [redacted] th [redacted] RN stated R #1's [redacted] B. Record review of R #1's resident file revealed the evaluation/assessment was not updated since [redacted] to indicate the significant change in	8 025		

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8 025	Continued From page 3 health condition of the [redacted] diagnosed on [redacted] C. Record review of R #1's PCP's (Primary Care Physician's) progress notes, dated 04/24/23, revealed R #1's [redacted] D. Record review of photographs revealed R #1's [redacted] revealed: [redacted] E. On 09/17/24 at 2:45 pm, during an interview with R #1's daughter, she confirmed that on [redacted] during a visit with [redacted] R #1), she noticed a [redacted] F. On 09/18/24 at 12:00 pm, during an interview with R #1's Power of Attorney (POA), he confirmed that R #1 had a [redacted] G. On 09/18/24 at 4:10 pm, during an interview, the Administrator confirmed that R #1's evaluation was not updated for a significant health status change when R #1 had [redacted] 8 NMAC 370.14.26 Individual Service Plan	8 025		
8 026	An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.	8 026		

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8 026	Continued From page 4 (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 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. [8.370.14.26 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.26 A (3) B (2-7) (9) Based on record review and interview, the facility failed to ensure for 3 (R #s 1, 2 and 3) of 3 (R #s 1, 2 and 3) residents whose Individual Service Plans (ISP's) were reviewed for compliance, that:	8 026		

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LOS LUNAS, NM 87031

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8 026	Continued From page 5 1. The ISP was revised due to significant change in health status [redacted] 2. The ISP included: a) A written description of all services to be provided [redacted] b) Who will provide the services [redacted] c) When or how often the services will be provided [redacted] d) How the services will be provided [redacted] e) Where the services will be provided [redacted] f) Expected goals and outcomes of the services g) The level of assistance that the resident will require with activities of daily living (ADL's) and with medications [redacted] These deficient practices could likely result in harm for the [redacted] (R #'s [redacted] residents listed on the census provided by the Administrator on 09/16/24, if: 1. Facility Direct Care Staff (DCS) are unaware of who, when, how, how often, or when services will be provided for the resident(s). 2. The facility staff is unprepared for the impact that a significant change in a resident's health status could have on other residents and/or DCS. 3. Outcome evaluation tools help to determine if goals are met. 4. The ISP is not revised when there is a significant change in a resident's health status and the resident's needs, or level of care have changed.	8 026	Immediate action was taken to ensure residents ISP's are revised due to a significant change of condition, . Will in the future ensure that ISP's are revised when there is a significant change of condition of a resident. The Nurse will update resident ISP's when there is a significant change of condition to ensure all staff have knowledge of who, when, how, how often, or when services will be provided for the resident. Manager and the Nurse will ensure that all significant change of condition ISP's are filed in the resident chart. Corrective Action is Complete.	10/07/2024

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(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)

PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
8 026	Continued From page 6 The findings are: R #1 A. Record review of R#1's [redacted] notes (dated [redacted] revealed a significant change of health status as follows: 1. On [redacted] registered nurse (RN) stated that R #1's: [redacted] B. Record review of photographs revealed R #1's [redacted] revealed: [redacted] C. Record review of R#1's PCP's (Primary Care Physician's) progress notes, dated [redacted] revealed R #1's [redacted] health status change). D. Record review of R #1's resident file revealed the Individual Service Plan (ISP) was not updated to indicate the significant change in the health condition of [redacted] and [redacted] The following was revealed: 1. A written description of all services to be provided a) Who will provide the services (coordination of care) b) When or how often the services will be provided c) How the services would be provided	8 026		

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8 026	Continued From page 7 d) Where the services would be provided e) Expected goals and outcomes of the services f) The level of assistance that the resident will require with ADL's and with medications [redacted] E. On 09/18/24 at 12:00 pm, during an interview with R #1's Power of Attorney (POA), he confirmed that R #1 had a [redacted] and it required [redacted] by a nurse. F. On 09/18/24 at 4:10 pm, during an interview, the Administrator confirmed that R #1's ISP was not updated (twice) for a significant health status changes fo [redacted] R #2 G. Record review of R #2's ISP's (dated [redacted] and [redacted] did not include outcomes for goals listed. H. On 09/18/24 at 4:10 pm, during an interview, the Administrator confirmed that R #2's ISP's (dated [redacted] did not include outcomes for goals listed. R #3 I. Record review of R #3's ISP's (dated [redacted] and [redacted] did not include outcomes for goals listed. J. On 09/18/24 at 4:10 pm, during an interview, the Administrator confirmed that R #3's ISP's (dated [redacted] did not include outcomes for goals listed.	8 026		