STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5647	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREFREE LIVING	10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111

(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 08/20/2025 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Census: 31 Complaint intake [redacted] was investigated with no deficiencies cited. Complaint intake [redacted] was investigated with no deficiencies cited.	8 000		
8 008	8 NMAC 370.14.8 General Licensing Requirements A. Licensure is required. No person or entity shall establish, maintain or operate an assisted living facility without first obtaining a license. B. Application for licensure. An initial or renewal application shall be made on the forms prescribed by and available from the licensing authority. The issuance of an application form is not a guarantee that the completed application will be accepted, or that the authority will issue a license. Information provided by the facility and used by the licensing authority for the licensing process shall be accurate and truthful. The licensing authority will not issue a new license if the applicant has had a health facility license revoked or renewal denied or has surrendered a license under threat of revocation or denial of renewal. The licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of applicable rules found to be class A or class B deficiencies as defined in health facility sanctions and civil monetary penalties, 8.370.4 NMAC or has been non-compliant with plans of correction. The licensing authority will not issue a license until the	8 008		

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8 008	Continued From page 1 applicant has supplied all of the information that is required by this rule. Any facility that fails to participate in good faith by falsifying information presented in the licensing process shall be denied licensure by the authority. The following information shall be submitted to the licensing authority for approval: (1) a letter of intent that includes the proposed physical address, the primary population of the facility and a summary of the proposed services; after the letter of intent has been received, an application packet including; the application form, fee schedule and the licensing rule will be issued to the applicant by the licensing authority; (2) the completed and notarized application and the appropriate non-refundable fee(s); (3) a program narrative identifying and detailing the geographic service area, the primary population including any special needs requirements, along with a full description of the services that the applicant proposes to provide including: (a) a description of the characteristics of the proposed population of the facility; (b) a description of the services and care that will be provided to the residents; (c) a description of the anticipated professional services to be offered to the residents; and (d) a description of the facility's relationship to other services and related programs in the service area and how the applicant will collaborate with them to achieve a system of care for the residents. (4) policies and procedures annotated to this rule; (5) evidence to establish that the applicant has sufficient financial assets to permit operation of the facility for a period of six months; the evidence shall include a credit report from one of the three recognized credit bureaus with a	8 008		

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8 008	Continued From page 2 minimum credit score of 650 or above; (6) copies of organizational documents to include the following list of items: (a) the names of all persons or business entities that have at least five percent ownership interest in the facility, whether direct or indirect and whether in profits, land or building; this includes the owners of any business entity which owns all or part of the land or building; (b) the identities of all creditors that hold a security interest in the premises, whether land or building; (c) any changes in ownership or management shall be reported to the authority within thirty (30) days; (7) building plans as required at 8.370.14.41 NMAC of this rule; (8) fire authority approval as required at 8.370.14.60 NMAC of this rule; (9) a letter of approval or exemption from the local health authority having jurisdiction for the food service and the kitchen facility; (10) a copy of liquid waste disposal and treatment system permit from local health authority having jurisdiction; (11) approval from local zoning authority; (12) building approval (certificate of occupancy); and (13) any other information that the applicant wishes to provide or that the licensing authority may request. C. Application for amended license. A licensee shall submit an application for an amended license and the required non-refundable fee to the licensing authority prior to a change with the facility. An amended license is required for a change of: location, administrator, facility name, capacity or any modification or addition to the building.	8 008		

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8 008	Continued From page 3 (1) An application for a change of the facility administrator or change of the administrator's name shall be submitted to the licensing authority within 10 business days of the change. (2) An application for increase in capacity shall be accompanied by a building plan pursuant to 8.370.14.41 NMAC of this rule. A facility shall not increase census until the licensing authority has reviewed and approved the increase and has issued a new license that reflects the approved increase in capacity. D. Application for license renewal. Each facility shall apply for a renewal of the annual license within thirty (30) business days prior to the license expiration date by submitting the following items: (1) an application and the required fee; (2) an updated program narrative, if the facility has changed the program or the focus of services; (3) the annual fire inspection report; and (4) the licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of this rule or has been noncompliant with plans of correction or payment of civil monetary penalties. E. License. Any person or entity that establishes, maintains or operates an assisted living facility shall obtain a license as required in this rule before accepting residents for care or providing services. (1) Each facility that provides care or treatment shall obtain a separate license. The license is non-transferable and is only valid for the facility to which it is originally issued and for the owner or operator to whom it is issued. It shall not be sold, reassigned or transferred. (2) The maximum capacity specified on the license shall not be exceeded. (3) If the facility is closed and the residents are	8 008		

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8 008	Continued From page 4	8 008		

removed from the facility, the license shall be returned to the licensing authority. Written notification shall be issued to all residents or the residents' surrogate decision maker and the licensing authority at least 30 calendar days prior to the closure.
F. Temporary license.
(1) A temporary license may be issued to a new facility before residents are admitted provided that the facility has met all of the life safety code requirements as stated in this rule and policies and procedures for the facility have been reviewed and approved.
(2) Upon receipt of a temporary license, the facility may begin to admit up to three residents.
(3) After the facility has admitted up to three residents, the facility operator or owner shall request an initial health survey from the licensing authority.
(4) Following a determination of compliance with this rule by the licensing authority, an annual license will be issued. The renewal date of the annual license is based on the initial date of the first temporary license.
(5) The licensing authority has the right to determine compliance or noncompliance.
(6) A temporary license shall cover a period of time, not to exceed 120 calendar days.
(7) No more than two consecutive temporary licenses shall be issued. If a second temporary license is issued, an additional non-refundable fee is required. If all requirements are not met within the 240 day time frame, the applicant shall repeat the application process.
G. Annual license. An annual license is issued for one year for a facility that has met all the requirements of this rule.
H. Display of license. The facility shall display the license in a conspicuous public place that is

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8 008	Continued From page 5 visible to residents, staff and visitors. I. Unlicensed facilities. Any person or entity that opens or maintains an assisted living facility without a license is subject to the imposition of civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within 10 days of notice by the licensing authority may result in the following penalties pursuant to health facility sanctions and civil monetary penalties, 8.370.4 NMAC. (1) A civil monetary penalty not to exceed $5,000 per day. (2) A base civil monetary penalty, plus a per-day civil monetary penalty, plus the doubling of penalties as applicable, that continues until the facility is in compliance with the licensing requirements in this rule. (3) A cease and desist order to discontinue operation of a facility that is operating without a license. (4) Additional criminal penalties may apply and shall be imposed as necessary. [8.370.14.8 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.8 C (1) Based on record review and interview, the facility failed to ensure an application for a change of the facility administrator was submitted to the licensing authority within 10 business days of the change. This deficient practice resulted in the Licensing Authority being unaware of the changes in facility leadership, and could thereby hinder appropriate oversight and timely regulatory follow-up. The findings are:	8 008		

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8 008	Continued From page 6 A. On 08/19/25 at 9:09 AM, during an interview, the President of the facility stated the previous Administrator #1 is no longer at the facility and they have a new Administrator #2 that is currently in the progress of completing the Administrators course for Licensure. B. Record review of the facility's licensing information revealed they still have the previous Administrator #1 listed on the license and not the new Administrator #2. C. On 08/21/25 at 3:37 PM, during an interview, the prospective (expected or expecting to be something particular in the future) Administrator confirmed the previous Administrator left the facility and the facility did not complete and submit an application for a change of the facility administrator it to the licensing authority within 10 business days of the change.	8 008	This deficiency will be eliminated before or by September 24, 2025 when Carefree Living will submit an application for a change in administrator. Carefree Living had been actively working on fulfilling the requirements by hiring a new administrator who has been training and fulfilling the educational class requirements. In the future, Carefree Living will submit a temporary change of license within 10 days as per 8 NMAC 370.14.8 by the President of the company and any changes in administrator will be monitored by this individual. Anytime a change in administrator occurs, whether planned or unplanned, the occurrence will be monitored closely on a daily basis.	9/24/25
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	8 032		

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8 032	Continued From page 7 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 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 A (1) 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. (3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.	8 032		

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8 032	Continued From page 8 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 whose incident reports were reviewed for compliance that incidents were reported within twenty-four (24) hours to the Licensing Authority (LA) and an investigation conducted within five (5) business days and reported to the LA. This deficient practice could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of care trends or patterns that may affect resident outcomes. The findings are: A. Record review of R #1's incident report dated [redacted], revealed Direct Care Staff (DCS) #4 found the resident on the floor next to [redacted] bed with [redacted] arm stuck on the bed rail with redness on [redacted] arm. B. On 08/20/25 at 2:36 PM, the RN confirmed R #1's incident on [redacted], was not reported to the LA within twenty-four (24) hours and an investigation was not conducted within five (5) business days and reported to the LA.	8 032	As per regulation, Carefree Living will 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 within 24 hours. This has been corrected by immediately starting to report all injuries that are unwitnessed and have not caused bleeding or an emergency visit to the hospital. The incident reports will be reviewed daily by both the manager and/or administrator and reported to the healthcare authority when appropriate as stated above. Any trends will also be reviewed and tracked monthly in the Quality Assurance Program meeting by the administrator and managers and environmental changes made when necessary. The administrator will be responsible for ensuring compliance in any safety changes made by physically inspecting the facility hallways, rooms, bathrooms, and public areas weekly.	09/01/25
8 035	8 NMAC 370.14.35 Medication	8 035		

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8 035	Continued From page 9 Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. 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 from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall	8 035		

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8 035	Continued From page 10 administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication	8 035		

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8 035	Continued From page 11	8 035		

(mouth, eye, ear, other);
(11) the method of delivery for the medication (pills, drops, IM injection, other);
(12) the date that the medication was started or discontinued;
(13) any change in the medication order;
(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;
(15) the date and time that the medication is self-administered, administered with assistance or is administered;
(16) the initials and signature of the person assisting with or administering the medication;
(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);
(18) any refused dose of medication;
(19) any missed dose of medication; and
(20) any medication error.

H. No medication shall be stopped or started without specific orders from the primary care physician.

I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.

J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.

K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:
(1) the resident's name;
(2) the name of the medication;

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8 035	Continued From page 12 (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.35 L Based on observation and interviews, the facility failed to ensure that all medications, including non-prescription drugs removed from pharmacy containers and/or bubble packs were self-administered by residents immediately after being removed from the pharmacy container or bubble pack. This deficient practice could likely result residents to be at risk of illness, harm, or death if : 1. Medications are not taken immediately after being removed from the resident's pharmacy bottle or bubble pack. 2. Medications not prescribed are given to a resident. 3. Residents miss a dose of medication. The findings are:	8 035		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREFREE LIVING	10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111

(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
8 035	Continued From page 13 A. On 08/19/25 at 3:56 pm, during observation of the facility common area that is used for multiple purposes including resident meal service, medication storage, and dispensing medications, Direct Care Staff (DCS) #4 was observed on the South West side of the room where resident medications are stored and dispensed, prepouring liquid and pill form medications for residents instead of dispensing the medications for each individual resident one resident at a time. DCS#4 was observed: 1. Dispensing both pill and liquid forms of medications from pharmacy bottles, containers/bubble packs. 2. Placing the medications in (1) one ounce white paper or (1) one ounce clear plastic medicine cups with the residents names and/or initials written on them in black marker. 3. Then placing the plastic and paper cups of medication on an approximately (14) fourteen inch in diameter serving tray, and 4. Walking with the serving tray of the medications to where the residents were sitting at the dining tables and handing out the cups of medication to the residents to take. B. On 08/20/25 at 1:35 pm, during an interview, DCS #1 reported that medications are set up in advance to administer to residents to save time. C. On 08/20/25 at 11:16 pm, during an interview, the facility's Nurse confirmed Direct Care Staff (DCS) #4 was pre-dispensing medications for residents, placing them together on a tray, taking the medications to the residents at the tables, and handing out the cups of medication to the residents to take.	8 035	All caregivers assisting with medication will be retrained in the importance of medication safety in accordance with NMAC 370.14.35 by the consultant pharmacist by September 16th. Effective immediately, all medication will be given to the resident as soon as it is taken from the original package. Ongoing training will be maintained, and managers will observe medication distribution daily. Any deviation will be reported to the administrator.	09/16/25