

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/28/2022
NAME OF PROVIDER OR SUPPLIER GOOD LIFE MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 800 JUAN ANDRES LANE 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	
{A 000}	Initial Comments The following deficiencies were cited during an offsite Revisit/Follow-up survey completed on 09/28/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults.	{A 000}			
{A 026}	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (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. (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 (6) 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	{A 026}			

Melissa Vallejos

Administrator

October 10, 2022

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 PPMH13 If continuation sheet 1 of 2

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/28/2022
NAME OF PROVIDER OR SUPPLIER GOOD LIFE MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 800 JUAN ANDRES LANE 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	
{A 026}	Continued From page 1 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. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 B (7) This is an uncorrected deficiency from surveys dated 08/05/21 and 04/22/22. Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident whose Individual Service Plans (ISPs) was reviewed for compliance, included expected outcomes for the care and services listed on the ISP. This deficient practice could likely affect the safety and welfare of the residents, if they do not receive the care and services needed and the Direct Care Staff (DCS) do not know what the expected outcomes are. The findings are: A. Record review of R #1's Initial ISP dated 07/21/22, revealed it did not include the expected outcomes for the services listed on the ISP. B. On 09/23/22 at 1:20 pm, during an interview with the Administrator, she confirmed that R #1's ISP did not include the expected outcomes for the services listed on the ISP.	{A 026}	Immediately took action to ensure that ISP's include both the goals and expected outcomes for the services listed on the ISP. Ensured our computer program, ALIS, included outcomes by tracking it backwards. The Evaluation is rolled to the ISP, which is rolled to the Care Plan, which is rolled to Care Tracking. Ensured that Care Tracking is our recorded outcomes by staff for the goals that are set up through the ISP. Will in the future ensure that ISP's include both the goals and expected outcomes for the services listed on the ISP. The outcomes from the goals set on the ISP will be recorded on care tracking daily by staff. Will have management ensure that care tracking includes both the goals and expected outcomes for the services listed from the ISP. The staff will be trained to ensure they are recording the daily outcomes set out by the ISP. The outcomes from the goals set on the ISP will be recorded on care tracking daily by staff. Administrator and nurse will monitor care tracking daily to ensure that ISP's goals and the expected outcomes for the services listed on the ISP are being met. Corrective action is complete.	10/10/2022	

