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	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 a Complaint survey completed on 06/24/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living for Adults. Census: 15 Complaint intake NM [redacted] was investigated with deficiencies cited.	A 000		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC;	A 017	Administrator wil monitor and ensure that all new hires receive training packet with yearly testing upon hire date and complete training in the 16 hours required to do so. Administrator will monitor and ensure that any staff member acquires the medication training and certificate thru a state approved training; before starting the hands on training process. The nurse will monitor and ensure the training is completed for staff prior to assisting with medications.	6/28/24

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A 017	Continued From page 1 (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 C (11) Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) that assist with medications received their Certificate of Medication Assistance as required by regulation. This deficient practice could likely result in the [redacted] (R #s[redacted] residents listed on the resident census, provided by the Administrator on 06/12/24, of being at risk of harm if DCS who assist residents with medications have not received the required training. The findings are: A. Record review of the Assistant Manager's (AM's) file (hire date 04/10/24) revealed the record did not contain any training certificate for assistance with medication delivery.	A 017		

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A 017	Continued From page 2 B. Record review of Direct Care Staff (DCS) # 3's file (hire date 07/17/23) revealed the record did not contain any training certificate for assistance with medication delivery. C. Record review of DCS #4's file (hire date 04/02/24) revealed the record did not contain any training certificate for assistance with medication delivery. D. Record review of DCS #5's file (hire date 04/09/24) revealed the record did not contain any training certificate for assistance with medication delivery. E. Record review of DCS #6's file (hire date 02/26/24) revealed the record did not contain any training certificate for assistance with medication delivery. F. Record review of DCS #7's file (hire date 04/19/24) revealed the record did not contain any training certificate for assistance with medication delivery. G. On 06/13/24 at 12:35 pm, during an interview with the Regional Manager (RM), she confirmed that the AM and DCS #'s 3 through DCS #7 had assisted residents with medication delivery without obtaining state-approved training and certification for staff that assist with medication delivery.	A 017		
A 019	7 NMAC 8.2.19 Staffing Ratios STAFFING RATIOS: The following staffing levels are the minimum requirements. A. The facility shall employ the sufficient number	A 019		

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A 019	Continued From page 3 of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs. (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. (2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. (3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises. (4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises. (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility. B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days. [7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by:	A 019	Administrator will monitor and ensure that 2 direct care staff members will be placed on the overnight shift at all times while nurse determines the ISP on a 2 person assist. Nurse will monitor and ensure a 2 person assist has enough staff available to ensure staffing ratios that meet residents needs.	6/28/24

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A 019	Continued From page 4 7.8.2.19 A Based on record review and interview, the facility failed to ensure they had sufficient number of Direct Care Staff (DCS) on duty and available to provide residents with their basic care. assistance and the required supervision based on the resident needs during their graveyard shift (9:45 pm to 6:00 am). This deficient practice could affect the safety and welfare of the [redacted] (R #s [redacted] residents identified on the resident census provided by the Regional Manager (RM) on 06/12/24 to be at risk of harm or injury if there is not adequate staffing available to assist the residents. The findings are: A. Record review of Complaint Intake NM [redacted] received on 10/23/23 revealed the complainant reported: 1) The facility was understaffed, and residents are not receiving assistance when needed. 2) At night, residents who are two (2) person assist (requiring two caregivers to assist with transfers and other activities of daily living [ADL's]) cannot be changed because of insufficient staff. 3) Each person who is a 2-person assist was neglected. B. Record review of the facility's actual time worked report for 06/11/24 revealed: 1) Only one (1) DCS was working from 10:00 pm through midnight. (12:00 am) 2) Only one (1) DCS was working from 12:00 am through 5:00 am.	A 019		

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A 019	Continued From page 5 R [redacted] C. Record review of Resident (R) [redacted] Individual Service Plan (ISP) dated 02/21/24 revealed R [redacted] required: 1) For ambulation (assistance with walking) assistance, two (2) staff members will be available for transfers (to move from one location to another) 2) For Transfer Assistance, Staff is to provide 2-person assistance with transfers at the community. 3) Two staff members will work together to provide shower assistance to ensure the resident was safe and clean. 4) For hygienic assistance, two staff members are needed. 5) Two staff members will be utilized (used to assist resident) for [redacted]) assistance to ensure the resident is clean, dry, and intact while remaining safe when addressing the resident's [redacted] needs. R [redacted] D. Record review of R [redacted] nurse progress notes dated 12/26/23 revealed: 1) Two (2) person assistance was required for R [redacted] 2) R [redacted] required assistance with bathing, ambulation, dressing, continence [redacted] and transfer.	A 019		

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A 019	Continued From page 6 E. Record review of R[redacted] physical evaluation dated 01/05/24 revealed R[redacted] required extensive (increased amount) assistance: 2-person transfer to reduce any injuries or possible falls. F. Record review of R[redacted] ISP dated 01/05/24 revealed R[redacted] required: 1) For Ambulation Assistance, two (2) staff members will be available for transfers. 2) For Transfer Assistance, staff is to provide 2-person assistance with transfers at the community for all three (3) shifts. G. On 06/18/24 at 1:00 pm, during an interview with R[redacted] daughter/Power of Attorney (POA), she stated: 1) R[redacted] was unable to ambulate without assistance because [redacted] pelvis about ten (10) months ago. 2) It takes two (2) people to transfer R[redacted] from[redacted] bed to a chair or to shower. H. On 06/12/24 at 9:19 am, during an interview with DCS #8, she confirmed both R[redacted] and R[redacted] require 2-person assistance for transfers and other ADLs. I. On 06/13/24 at 9:00 am, during an interview with the RM, she confirmed: 1) On 06/11/24 from 10:00 pm through midnight, only 1 DCS worked 2) On 06/11/24, from 12:00 am through 5:30 am, only 1 DCS worked.. 3) R[redacted] and R[redacted] required 2-person transfer assistance.	A 019		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or	A 035		

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A 035	Continued From page 7 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 administer any medications or conduct any	A 035	Administrator will monitor and ensure that any staff member acquires the medication training and certificate thru a state approved training; before starting the hands on training process. The nurse will monitor and ensure that training is completed by staff prior to assisting with medications	6/28/2024

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A 035	Continued From page 8 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 (mouth, eye, ear, other);	A 035		

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A 035	Continued From page 9 (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; (3) the date that the prescription was issued;	A 035		

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A 035	Continued From page 10 (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 (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 B Based on record review and interview, the facility failed to ensure for [redacted] (R #s[redacted]) of [redacted] R #s[redacted] and[redacted] resident's Medication Administration Record (MAR), that Direct Care Staff who assist with medications have completed state-approved training for staff that assist with medication delivery or are licensed or certified by the state board of nursing. This deficient practices could likely result in the [redacted](R #s[redacted] residents identified on the resident census provided by the Regional Manager (RM) on 06/12/24 being at risk of harm/injury from medication errors if the DCS provided residents with assistance with medication delivery were not	A 035		

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A 035	Continued From page 11 qualified. The findings are: A. Record review of Complaint Intake NM [redacted] received on 10/23/23 revealed that the complainant reported that caregivers are not certified to pass medications to residents, and unqualified staff are passing medications without training or certification on all shifts. B. Record review of DCS files revealed the following DCS did not receive state-approved training and certification for staff that assist with medication delivery: 1. Assistant Manager (AM) (hire date 04/10/24). 2. DCS #3 (hire date 07/17/23). 3. DCS #4 (hire date 04/02/24). 4. DCS #5 (hire date 04/09/24). 5. DCS #6 (hire date 02/26/24). 6. DCS #7 (hire date 04/19/24). R [redacted] C. Record review of R [redacted] MAR for May 2024 revealed unqualified staff members delivered and administered the following medication: 1. [redacted] a) DCS #4 assisted with medication delivery on 05/30/24. 2. [redacted] a) The Assistant Manager (AM) assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/05/24, 05/06/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/30/24.	A 035		

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A 035	Continued From page 12 3. [redacted] a) AM assisted with medication delivery on 05/01/24 b) DCS #4 assisted with medication delivery on 05/03/24, 05/05/24, 05/07/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, 05/26/24, 05/28/24, 05/29/24, and 05/30/24. 4. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, and 05/23/24. c) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. d) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/25/24. e) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. 5. [redacted] a) DCS #7 assisted with medication delivery on 05/01/24 through 05/05/24, 05/11/24, 05/14/24, 05/16/24, 05/17/24, 05/21/24, 05/23/24, and 05/26/24. b) DCS #4 assisted with medication delivery on 05/06/24, 05/09/24, 05/28/24, and 05/30/24. c) DCS #3 assisted with medication delivery on 05/07/24, 05/08/24, 05/12/24, 05/15/24, 05/18/24 through 05/20/24, 05/25/24, and 05/29/24. d) AM assisted with medication delivery on	A 035		

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(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 035	Continued From page 13 05/13/24. 6. [redacted] a) DCS #4 assisted with medication delivery on 05/03/24, 05/05/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/28/24, and 05/30/24. b) DCS #6 assisted with medication delivery on 05/26/24. 7. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24 and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/21/24. 8. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24,	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 035	Continued From page 14 and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. 9. [redacted] a) DCS #3 assisted with medication delivery on 05/01/24, 05/07/24, 05/08/24, and 05/12/24. b) DCS #4 assisted with medication delivery on 05/05/24, 05/06/24, 05/09/24, and 05/13/24. 10 [redacted] a) DCS #5 assisted with medication delivery on 05/02/24, 05/05/24, 05/09/24, and 05/10/24. b) DCS #3 assisted with medication delivery on 05/03/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, and 05/13/24. d) DCS #4 assisted with medication delivery on 05/12/24. 11. [redacted] a) DCS #3 assisted with medication delivery on 05/15/24, 05/18/24 through 05/20/24, 05/25/24, and 05/29/24. b) DCS #4 assisted with medication delivery on 05/16/24, 05/22/24, 05/23/24, 05/28/24, and 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 12. [redacted]	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 035	Continued From page 15 a) DCS #6 assisted with medication delivery on 05/15/24, 05/16/24, 05/25/24, and 05/31/24. b) DCS #5 assisted with medication delivery on 05/17/24 and 05/18/24. c) DCS #4 assisted with medication delivery on 05/19/24 and 05/28/24. d) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. e) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. f) DCS #3 assisted with medication delivery on 05/22/24 and 05/23/24. 13. [redacted] a) DCS #4 assisted with medication delivery on 05/23/24, 05/25/24, 05/28/24 through 05/30/24. 14. [redacted] a) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. b) DCS #3 assisted with medication delivery on 05/22/24 and 05/23/24. c) AM assisted with medication delivery on 05/24/24 and 05/26/24. d) DCS #6 assisted with medication delivery on 05/25/24, 05/30/24, and 05/31/24. e) DCS #4 assisted with medication delivery on 05/28/24. 15. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24, 05/05/24, 05/09/24, 05/13/24, 05/15/24, and 05/16/24.	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 035	Continued From page 16 16. [redacted]) a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, and 05/10/24. b) DCS #3 assisted with medication delivery on 05/03/24. c) DCS #6 assisted with medication delivery on 05/05/24, 05/07/24 through 05/08/24, 0511/24, 05/13/24, 05/15/24, and 05/16/24. d) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. 17. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, and 05/23/24. c) DCS #6 assisted with medication delivery on 05/06/24 through 05/08/24, 05/11/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/26/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. R[redacted] D. Record review of R[redacted] MAR for 05/2024 revealed revealed unqualified staff members provided the following medication:	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 035	Continued From page 17 1. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/04/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, 05/28/24 through 05/30/24. 2. [redacted] a) AM gave it on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 3. [redacted] a) DCS #3 assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 4. [redacted] a) AM assisted with medication delivery on 05/01/24, 05/20/24, and 05/26/24.	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 035	Continued From page 18 b) DCS #5 assisted with medication delivery on 05/02/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. c) DCS #4 assisted with medication delivery on 05/03/24, 05/05/24, 05/06/24, 05/12/24, 05/19/24, 05/22/24, and 05/28/24. d) DCS #6 assisted with medication delivery on 05/04/24, 05/07/24, 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. e) DCS #7 assisted with medication delivery on 05/21/24. f) DCS #3 assisted with medication delivery on 05/23/24 and 05/27/24. 5. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. d) AM assisted with medication delivery on 05/20/24 and 05/26/24. 6. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, 0523/24, and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/16/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/24/24,	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

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A 035	Continued From page 19 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. e) AM assisted with medication delivery on 05/20/24 and 05/26/24. 7. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 8. [redacted] a) AM assisted with medication delivery on 05/01/24 b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, 05/26/24, 05/28/24, and 05/29/24. 9. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 10. [redacted] a) AM gave it on 05/01/24. b) DCS #5 assisted with medication delivery on 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, 05/18/24. c) DCS #3 assisted with medication delivery	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 035	Continued From page 20 on 05/03/24, 05/23/24, and 05/27/24. d) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/30/24, and 05/31/24. e) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. f) AM assisted with medication delivery on 05/01/24, 05/20/24, and 05/26/24. g) DCS #5 assisted with medication delivery on 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. h) DCS #7 assisted with medication delivery on 05/21/24. 11. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/21/24. 12. [redacted] a) DCS #4 assisted with medication delivery on 05/03/24 through 05/05/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, 05/26/24, and 05/28/24 through 05/30/24.	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 035	Continued From page 21 13. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24 c) DCS #6 assisted with medication delivery on 05/26/24. 14. [redacted] a) DCS #4 assisted with medication delivery on 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. b) DCS #6 assisted with medication delivery on 05/26/24. 15. [redacted] a) AM assisted with medication delivery on 05/22/24 and 05/26/24. b) DCS #3 assisted with medication delivery on 05/23/24 and 05/27/24. c) DCS #6 assisted with medication delivery on 05/24/24, 05/25/24, 05/30/24, and 05/31/24. 16. [redacted] a) DCS #4 assisted with medication delivery on 05/28/24. b) DCS #6 assisted with medication delivery on 05/30/24 and 05/31/24. 17 [redacted]	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

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(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 035	Continued From page 22 a) DCS #4 assisted with medication delivery at 7:00 am on 05/03/24 through 05/06/24. b) DCS #4 assisted with medication delivery at 9:00 am on 05/15/24 and 05/16/24. c) DCS #4 assisted with medication delivery at 10:00 am on 05/09/24 and 05/13/24. d) DCS #4 assisted with medication delivery at 1:00 pm on 05/03/24, 05/05/24, and 05/06/24. e) DCS #6 assisted with medication delivery at 1:00 pm on 05/04/24. f) DCS #6 assisted with medication delivery at 3:00 pm on 05/15/24 and 05/16/24. g) DCS #5 assisted with medication delivery at 3:00 pm on 05/17/24 and 05/18/24. h) DCS #4 assisted with medication delivery at 3:00 pm on 05/19/24. i) AM assisted with medication delivery at 3:00 pm on 05/20/24. j) DCS #3 assisted with medication delivery at 7:00 pm on 05/03/24. k) DCS #6 assisted with medication delivery at 7:00 pm on 05/04/24, 05/06/24, 05/07/24, 05/08/24, 05/11/24, and 05/13/24. l) DCS #5 assisted with medication delivery at 7:00 pm on 05/05/24, 05/09/24, and 05/10/24. m) DCS #4 assisted with medication delivery at 7:00 pm on 05/13/24. 18. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 19. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24,	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 035	Continued From page 23 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, 05/23/24, and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/24/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. e) AM assisted with medication delivery on 05/20/24. f) DCS #7 assisted with medication delivery on 05/21/24. 20. [redacted] a) DCS #5 assisted with medication delivery on 05/1/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, and 05/17/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, 05/23/24, and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24 and 05/28/24. e) AM assisted with medication delivery on 05/20/24 and 05/26/24. 21. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/01/24, 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24.	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 035	Continued From page 24 c) DCS #6 assisted with medication delivery on 05/26/24. 22. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. 23. [redacted] 10:30 am dose [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24. 24. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, and 05/05/24. b) DCS #3 assisted with medication delivery on 05/07/24. c) DCS #6 assisted with medication delivery on 05/06/24. 25. [redacted] a) AM assisted with medication delivery on	A 035		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

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A 035	Continued From page 25 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 26. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 27. [redacted] a) DCS #5 assisted with medication delivery on 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/15/24, 05/16/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. e) DCS #7 assisted with medication delivery on 05/21/24 and 05/27/24. f) AM assisted with medication delivery on 05/24/24. 28. [redacted] a) AM assisted with medication delivery on	A 035		

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A 035	Continued From page 26 05/01/24 b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/34 through 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 29. [redacted] a) AM gave it on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 015/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 30. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/15/24, 05/16/24, 05/25/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/19/24. e) AM assisted with medication delivery on 05/20/24. f) DCS #7 assisted with medication delivery on 05/21/24. 31. [redacted] a) DCS #5 assisted with medication delivery	A 035		

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A 035	Continued From page 27 on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, 05/23/24, and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/13/24, 05/15/24, 05/16/24, 05/24/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24, e) DCS #7 assisted with medication delivery on 05/21/24. f) AM assisted with medication delivery on 05/20/24. 32. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 through 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. 33. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #5 assisted with medication delivery on 05/02/24, 05/09/24, 05/17/24, 05/18/24. c) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. d) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/15/24, 05/16/24, 05/24/24, 05/25/24, 05/30/24, and 05/31/24. e) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. f) AM assisted with medication delivery on 05/20/24, 05/22/24, and 05/26/24.	A 035		

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A 035	Continued From page 28 g) DCS #7 assisted with medication delivery on 05/21/24. 34. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24 and 05/23/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/06/24 through 05/08/24, 05/11/24, 05/15/24, 05/16/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24 and 05/19/24. e) AM assisted with medication delivery on 05/20/24, 05/24/24, and 05/26/24. f) DCS #7 assisted with medication delivery on 05/27/24. 35. [redacted] a) AM assisted with medication delivery on 05/01/24. b) DCS #4 assisted with medication delivery on 05/03/24 throug 05/06/24, 05/09/24, 05/13/24, 05/15/24, 05/16/24, 05/18/24, 05/22/24, 05/23/24, 05/25/24, and 05/28/24 through 05/30/24. c) DCS #6 assisted with medication delivery on 05/26/24. 36. [redacted] a) DCS #5 assisted with medication delivery on 05/01/24, 05/02/24, 05/05/24, 05/09/24, 05/10/24, 05/17/24, 05/17/24, and 05/18/24. b) DCS #3 assisted with medication delivery on 05/03/24, 05/22/24, 05/23/24, and 05/27/24. c) DCS #6 assisted with medication delivery on 05/04/24, 05/07/24, 05/08/24, 05/11/24,	A 035		

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A 035	Continued From page 29 05/13/24, 05/15/24, 05/16/24, 05/24/24, 05/25/24, 05/30/24, and 05/31/24. d) DCS #4 assisted with medication delivery on 05/12/24, 05/19/24, and 05/28/24. e) AM assisted with medication delivery on 05/28/24. E. On 06/13/24 at 12:35 pm, during an interview with the Regional Manager (RM), she confirmed that the AM and DCS #'s 3 through 7 had assisted residents with medication delivery without obtaining state-approved training and certification for staff that assist with medication delivery.	A 035		