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	2237	A. BUILDING: _____ B. WING _____	R 12/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE MEMORY CARE	800 JUAN ANDRES LANE LOS LUNAS, NM 87031

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{A 000}	Initial Comments The following deficiencies were cited as result of a Revisit/Follow up survey completed on 12/14/16 for the requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	{A 000}		
A 008	7 NMAC 8.2.8 General Licensing Requirements 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 department 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, 7.1.8 NMAC or has been non-compliant with plans of correction. The licensing authority will not issue a license until the 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 department. The following information shall be submitted to the licensing authority for approval:	A 008		

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A 008	Continued From page 1 (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 (6) months; the evidence shall include a credit report from one of the three recognized credit bureaus with a minimum credit score of six-hundred fifty (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 (5%) ownership interest in the facility, whether direct or indirect	A 008		

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A 008	Continued From page 2	A 008		

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 department within thirty (30) days;
(7) building plans as required at 7.8.2.41 NMAC of this rule;
(8) fire authority approval as required at 7.8.2.60 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.
(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 ten (10) business days of the change.
(2) An application for increase in capacity shall be accompanied by a building plan pursuant to

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A 008	Continued From page 3 7.8.2.41 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 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 thirty (30) calendar days prior to the closure.	A 008		

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A 008	Continued From page 4 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 (3) residents. (3) After the facility has admitted up to three (3) 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 one hundred twenty (120) calendar days. (7) No more than two (2) 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 two hundred forty (240) day time frame, the applicant shall repeat the application process. G. Annual license. An annual license is issued for one (1) 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 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	A 008		

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A 008	Continued From page 5 civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within ten (10) days of notice by the licensing authority may result in the following penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. (1) A civil monetary penalty not to exceed five-thousand dollars ($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. [7.8.2.8 NMAC - Rp, 7.8.2.8 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a new deficiency. Refer to 7.8.2.8 E, F. (7) Based on record review and interview, the facility failed to: 1. Have a current license to operate an Assisted Living Facility; 2. Start the application process again when the second temporary license expired, and therefore, were operating the facility unlicensed. These deficient practices could lead to the facility not having a qualified person providing oversight of the care of all the facility's 12 (R #s 1-12) residents as identified by the resident census list	A 008		

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A 008	Continued From page 6 provided by the Administrator on 05/10/16. The findings are: A. Record review of facility records revealed the following: 1. The facility's second temporary license had expired on 06/16/16; 2. There was no record of an application being submitted to the Licensing Authority for another temporary license; B. On 12/14/16 at 10:25 am, during interview with the Assistant Administrator, she acknowledged the previous Administrator listed on the facility's expired temporary license had left the facility as Administrator. The temporary license had expired on 06/16/16, and the facility did not apply for another temporary license.	A 008		
{A 025}	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (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 (6) 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:	{A 025}		

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{A 025}	Continued From page 7 (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) 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 (6) 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 (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	{A 025}		

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{A 025}	Continued From page 8 This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/16/15: Refer to 7.8.2.25 A. B. C. (16) & E. Based on record review and interview the facility failed to ensure that 4 (R #s 1-4) of 4 (R #s 1-4) residents whose evaluations were reviewed for timeliness and accuracy revealed the following: 1. They had not been completed prior to admissions; 2. They had not been reviewed every 6 months or when there was a change in condition; and 3. They did not have special medical services documented that are provided by an outside agency. These deficient practices have the potential for all residents to not receive the appropriate care and assistance they need as changes in their health status occurs due to the evaluations not being completed, reviewed as required, and listing special services provided by an outside agency. The findings are: A. Record review of R #1's facility file revealed the following: 1. His initial evaluation was completed on 09/30/15 and there were no other evaluations in his chart. 2. A progress note dated 10/23/15 stating he was being discharged from Home Health Services. There was nothing in the evaluation about the services being provided by the outside	{A 025}		

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{A 025}	Continued From page 9 agency. B. Record review of R #2's facility file revealed the following: 1. [redacted] was admitted on [redacted]/15 and [redacted] initial evaluation titled, "Admission Nursing Assessment" was not completed until 11/11/15. 2. There were no other evaluations in [redacted] chart. C. Record review of R #3's facility file revealed the following: 1. [redacted] was admitted on [redacted]/15 and [redacted] initial evaluation was not completed until [redacted]/15. 2. There were no other evaluations in [redacted] chart. D. Record review of R #4's facility file revealed the following: 1. [redacted] was admitted on [redacted]/16 and [redacted] initial evaluation was dated [redacted]/16; 2. A Care Plan Amendment dated 11/25/16 reflected [redacted] had changes in needs and there was no updated evaluation to reflect the changes. 3. There was nothing in an evaluation to reflect the Hospice Services, the resident was receiving. E. On 12/14/16 at 8:20 am during interview, the Assistant Administrator confirmed the evaluations for R #s 1-4 would be in their chart if they were completed and would not be any other place. F. On 12/14/16 at 10:25 am during interview, the Assistant Administrator confirmed the evaluations for R #s 1-4 had not been updated as required and didn't have documentation for the residents receiving outside services.	{A 025}		

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{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 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.	{A 026}		

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{A 026}	Continued From page 11 [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/16/15: Refer to 7.8.2.26 A. (3) and B. (2 and 7), Based on record review the facility failed to ensure that Individual Service Plans (ISPs) were developed, updated, and had all necessary information for 4 (R #s 1, 2, 3, and 4) of 4 (R #s 1, 2, 3, and 4) residents reviewed for accuracy and timeliness of ISPs by: 1. Failing to review and revise ISPs, as needed every 6 months, by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender. 2. Failing to have goals and outcomes on the ISP. 3. Failing to have services provided at the facility from an outside healthcare agency documented on the ISP. These deficient practices could lead to facility staff being unaware of the residents' goals and outcomes, not knowing what services are being provided by an outside agency for the resident, and not knowing what to do about the changing needs of the residents. The findings are: A. Record review for R #1's ISP dated 10/02/15 and dated as reviewed on 03/23/16, and updated on 09/12/16 revealed the following: 1. No goals and outcomes for the specific	{A 026}		

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{A 026}	Continued From page 12 services the facility was to provide. 2. A progress note dated 10/23/15 stating he was being discharged from Home Health Services and there was nothing in the ISP during that time about the services being received from an outside agency. B. Record review for R #2's ISP dated 11/13/15, dated as reviewed on 04/12/16, and 10/19/16 revealed no goals and outcomes for the specific services the facility was providing. C. Record review for R #3's ISP dated 08/31/15, dated as reviewed on 02/28/16, and 08/03/16 revealed no goals and outcomes for the specific services the facility was providing. D. Record review for R #4's ISP dated 01/22/16 and updated on 08/30/16 revealed the following: 1. No goals and outcomes for the specific services the facility was providing. 2. There was nothing in the ISP to reflect the Hospice Services the resident was receiving. E. On 12/14/16 at 10:25 am, during interview, the Assistant Administrator confirmed the ISPs for the four residents had not been updated as required, did not have specific goals and outcomes for the specific services, and didn't have documentation for the residents receiving outside services.	{A 026}		
{A 034}	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy.	{A 034}		

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{A 034}	Continued From page 13 A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained	{A 034}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2237	A. BUILDING: _____ B. WING _____	R 12/14/2016

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{A 034}	Continued From page 14 separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.	{A 034}		

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{A 034}	Continued From page 15 (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/16/15: Refer to 7.8.2.34 A. (2 & 4) Based on observation and interview the facility failed to ensure for all 12 (R #s 1 - 12) residents from the census list provided by the Assistant Administrator on 12/13/16, that non-oral medications were stored separate from oral medications in the medication cabinet for residents with both external and internal medications. This deficient practice could lead to cross-contamination of the medications. The findings are: A. On 12/13/16 at 3:21 pm, during a tour of the facility, eye drops and skin creams were observed to be stored in the same compartments with oral medications in the medication cabinet. B. On 12/13/16 at 3:21 pm, during an interview with Direct Care Staff (DCS) #20, she stated the facility had the non-oral medications stored in	{A 034}		

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{A 034}	Continued From page 16 plastic zip-lock bags and the consulting pharmacist told the facility they could not store them in plastic bags and they did not need to be separated from oral medications. She confirmed the non-oral medications were stored with the oral medications for all residents.	{A 034}		