STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING _____ B. WING _____	C 10/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CA	1650 LOS LENTES RD NE LOS LUNAS, NM 87031

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A 000	Initial Comments Complaint Investigations were completed for intake #'s NM00028379, NM00028397, NM00028402 for NMAC 7.8.2 regulations governing Assisted Living facilities. The Complaints were Unsubstantiated. Deficiencies were cited.	A 000	Scanned 11-19-12 J.D.	
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;	A 026		

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HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sandy Edwards TITLE Administrator (X6) DATE 11/7/2012

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A 026	Continued From page 1 (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. [7.8.2.26 NMAC - Rp, 7.8.2.27 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. The findings are: Based on record review and interview the facility failed to have the Individual Service Plan (ISP) detail the services being provided by outside agencies for 2 resident (Resident #1 and Resident #2). This deficient practice has the potential for inappropriate care of the residents due to not knowing the details of the services being provided by the outside agencies. The findings are: A. Review of resident file for Resident #1 and Resident #2 revealed documents (visit slips) that they were receiving hospice services from an outside agency. B. Review of the ISP document dated 08/3/12 for Resident #1 and 08/24/12 for Resident #2 revealed no details of any services being provided by the facility or the outside nursing agency. In addition, there was no updated	A 026	Reference 8.2.26 A & B as of September 25, 2012 all Hospice documents with election benefits were delivered to ALF with Dr.'s orders. For Residents #1 and #2, Documents are placed in their books. All documents from out-side services will be placed immediately by the Administrator upon placement of Resident services to meet State requirements and will be implemented upon services	9/25/12

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A 026	Continued From page 2 service plan document when Resident #1 and Resident #2 began to receive hospice services. C. On 09/24/12 at 1:00 pm during interview, the Administrator acknowledged there was no detailed documentation of the services being provided by the assisted living facility or the hospice agency on the facility care plan. Based on record review and interview the facility failed to have an Individual Service Plan (ISP) addressing all the areas of need that were identified in the resident evaluation for 4 (Resident #1, Resident #2, Resident #3, Resident #4) This deficient practice has the potential to cause inappropriate and/or lack of care for a resident. The findings are: A. Review of the evaluation for Resident #1 revealed she needed assistance with bathing, dressing, eating, using the bathroom, catherter drainage, and medication administration. Review of the ISP revealed a one line service statement reading "services provided [sic] throughout the day, [sic] orders, and medication. There were no goals or outcomes addressed on the ISP other than safety and well being of the resident. B. Review of the evaluation for Resident #2 revealed he needed assistance with bathing, dressing, eating, using the bathroom, catheter drainage, medication administration. Review of the ISP revealed a one line service statement reading "services provided [sic] throughout the day, [sic] orders, and medication. There were no goals or outcomes addressed on the ISP other	A 026	Reference 8.2.26. A & B Continued from pg.2 From outside upon Resident's needs. Resident #1 and #2 Please see attachments Resident #1 Resident #2 1,2.3 Reference 8.2.26 A & B As of September 28, 2012 updated ISP was delevoped for Resident's #1 and #2 to meet State requirements The current ISP have been updated to better met the needs of the residents. ALL current residents will be assessed by the Administrator and a consulting Nurse, will assess all future residents within 10 calendar days of their move-in dates. all re-residents will be re-assessed a minimum of every six months.	9/28/12

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A 026	Continued From page 3 than safety and well being of the resident. C. Review of the evaluation for Resident #3 revealed he needed assistance with medication administration and minimal assistance with Activiteis of Daily Living. Review of the ISP revealed a one line service statement reading "services provided [sic] throughout the day, [sic] orders, and medication. There were no goals or outcomes addressed on the ISP other than general safety and well being of the resident. D. Review of the evaluation for Resident #4 revealed he needed assistance with bathing, dressing, eating, medication administration. Review of the ISP revealed a one line service statement reading "services provided [sic] throughout the day, [sic] orders, and medication. There were no goals or outcomes addressed on the ISP other than safety and well being of the resident. E. On 09/24/12 at 1:00 pm during interview, the Administrator acknowledged there was no detailed documentation of the services being provided by the assisted living facility on the facility care plans.	A 026	Reference 8.2.26 A & B continued from Pg. 3 Please see Attachments For Residents #1 and #2 Resident #1 1,2 Resident #2 1,23 Reference 8.2.26 C & D From now on the Administrator will detail the ISP and update the ISP every 6 months or where there is significant change in Resident's current health. The Resident's ISP have been updated to better meet the needs of the Resident's and any future Resident's This has been corrected Immediately as of September 28, 2012	9/28/12
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal	A 033		

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A 033	Continued From page 4 rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor;	A 033		

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A 033	Continued From page 5 and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical	A 033		

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A 033	Continued From page 6 treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to protect resident's rights to humane and dignified care for 2 facility residents (Resident #1 and Resident #2). This has the potential to impact the health and safety of 100% of the resident population. The findings are: A. On 09/24/2012 during the initial tour of the facility, it was noted that 2 facility residents were catheterized and reportedly receiving "hospice" services. B. During review of medical record for Residents #1 and #2, there was no diagnosis listed for the	A 033		

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A 033	Continued From page 7 ongoing use of a foley catheter. C. On 10/2/2012 at 8:09AM during interview with Interviewee #1, regarding Resident #1 foley catheter, he reported that the foley catheter was put in place because the staff was "having to get" Resident #1 "up so often during the night which "was hard on [Resident #1] and everyone". Interviewee #1 reported that the foley catheter was put in as a convenience for "everyone". Interviewee #1 reports that he does not recall if he was informed of the risks and the benefits of catheterization but did recall that a foley catheter can cause a urinary tract infection. Interviewee #1 reported that the catheter was being used so that she would not have to be "gotten up" and toileted frequently. D. On 10/2/2012 at 8:38AM during an interview with the Hospice Physician, he reported that there was no medical reason for the ongoing use of a foley catheter in Resident #1, that it was used as a convenience and that the matter would be addressed.	A 033	Reference 8.2.33 A, B C, D As of October 24, 2012 As the Administrator being responsible to insure and protect residents rights to humane and dignified care on October 24, 2012 AFL held a Hospice meeting, Administrator, Hospice Nurse and Interviewee #1 were present. Administrator and Hospice spoke to Interviewee #1 about the discontinuation of Resident #1's catheter per State Inspection. Administrator will protect Resident's and their rights. Please see Attachments 1&2 For Resident #1 Resident #2, Hospice Certification Indicates Medical diagonsis For Resident #2 catheter all per Hospice physician. physicians Orders and diagonsis will be placed in Resident book Immediately to Protect residents rights Please see attachment-1&2 Resident #2 As of October 2, 2012 Hospice Physician DC Resident #1 catheter Hospice physician stated no medical reason Please see Attachment 2	10/24/12 10/24/12
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm	A 042		

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A 042	Continued From page 8 and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure a sanitary and presentable flooring condition. The findings are: A. On 09/28/2012 at 10:55AM during general facility observation, the carpet throughout the facility was full of dark"spots" randomly throughout the facility. B. On 09/28/2012 at 11:50AM during random observation of the facility Room #6, reavealed that the carpet is full of stains throughtout. C. On 09/28/2012 at 10:55AM during random observation of the facility Room #16, reavealed that the carpet is full of dark stains in the high traffic areas by the table, around the bed, and to the doors of the bathroom and hallway. D. On 09/28/2012 at 10:55AM during random observation of the facility, it was noted that areas outside the main living area, high traffic areas near seating areas had dark staining, and various areas down all the hallways of the facility. E. On 09/28/2012 at 10:55AM during interview with the Administrator, she acknowledged this finding.	A 042	Reference 8.2.42 A,B,C,D,E as of November 1, 2012 Professional carpet cleaning called to come to facility to steam clean carpets throughout Facility Rm #16 Rm #16 that need and other rooms attention, main living room and Hallways Professional carpet cleaning service to come to Facility November 8, 2012 From now on Professional carpet cleaning services will be called every 6 months and in between as needed to maintain sanitary and presentable flooring conditions.	11/1/12