STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5399	A. BUILDING: _____ B. WING _____	C 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR LIVING SYSTEMS	5 THOMAS RD BLDG I 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 deficiency was cited during a Complaint survey completed on [redacted]/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census: [redacted] Complaint Intake [redacted] was investigated with a deficiency cited.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13	A 032		

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A 032	Continued From page 1 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) This is a repeat deficiency from survey dated [redacted]22. 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. and 8 B. (2) W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable	A 032		

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A 032	Continued From page 2	A 032		

incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.

Based on record review and interview, the facility failed to ensure for [redacted] residents whose Internal Incident Reports were reviewed for compliance, incidents of unexpected death were reported to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday.

This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death if incidents of unexpected death occur and there is no oversight by the Licensing Authority.

The findings are:

A. Record review of R #4's Internal Incident Report dated [redacted]'24 revealed the following:

1. R #4 was sitting in the dining room having lunch when Direct Care Staff (DCS) #4 was standing at the counter, and DCS #5 was in the nearby office on the phone.

2. DCS #4 looked up and saw R #4 waving [redacted] arms. DCS #4 knew R #4 was choking because [redacted] had choked before.

3. DCS #4 ran to R #4 and raised [redacted] arms to try and open [redacted] airway. When that did not work, DCS #4 firmly hit R #4's back upward to dislodge food.

4. When that didn't work, she yelled for DCS

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A 032	Continued From page 3 #5 and DCS #5 attempted to do abdominal thrusts (Heimlich Maneuver) and the 3(DCS #s 4, 5, and 6) took turns trying to dislodge the food. R #4's Hospice Nurse came and also tried to dislodge the food. She then said to call the Emergency Medical Technician (EMT). DCS #4 called 911, and when paramedics arrived, they started Cardiopulmonary resuscitation (CPR). The paramedics were unable to clear R #4's airway, CPR was stopped, and R #4 was then pronounced dead by the Hospice Nurse. B. On [redacted]/24, at 10:47 am, during an interview, the Administrator/Owner confirmed that she did not report R #4's choking incident and unexpected death on [redacted]/24 to the Licensing Authority.	A 032	1. Director reviewed with DOH the incident and filed the incident report as requested for the expected death of [redacted] 2024 the resident. 2. Director and administrator will continue to review incident reports and file those incidents that meet the DOH guidelines for filing 3. New incident management coordinator will be assigned to follow up on all incidents and filing procedures to ensure compliance	