STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENT FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BU LDING: _____ B. W NG _____	R-C 08/05/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY NG 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 revisit survey completed on 08/05/21 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	{A 000}		
{A 016}	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant	{A 016}		

Rita Grabler Administrator 10/20/2021

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{A 016}	Continued From page 1 training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by:	{A 016}		

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	**1650 NORTH LOS LENTES RD NE** **LOS LUNAS, NM 87031**

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{A 016}	Continued From page 2 7.8.2.16 B (3) (7) This is an uncorrected deficiency from a survey dated 01/21/20. Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the	{A 016}	Immediately took action to assure all staff is checked through the EAR clearances and received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire. Will in the future assure that all staff is checked through the EAR clearances and are received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire. Will have all new staff checked through the EAR clearances and are received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire. Administrator will monitor that all staff was checked through the EAR clearances and are received prior to hire and Administrator will audit new hire files weekly until new hire is released from CCHSP to ensure that staff is in compliance with the state of New Mexico. Administrator will have a check list for all staff to ensure that EAR clearance and fingerprints were completed. Corrective action is completed.	10/20/2021

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{A 016}	Continued From page 3 provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per	{A 016}		

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{A 016}	Continued From page 4 instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006] 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: . . . D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC. 2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the	{A 016}		

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{A 016}	Continued From page 5 Department. . . . E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall	{A 016}		

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{A 016}	Continued From page 6 maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. Based on record review and interview, the facility failed to ensure that: 1. All Direct Care Staff (DCS) providing care and other staff providing services had been cleared by the Employee Abuse Registry (EAR) prior-to-hire. 2. The application and fingerprints for the Caregiver Criminal History Screening program (CCHSP) were submitted within 20 days of the date of hire. This deficient practice could likely affect the safety and welfare of all 12 (R #s 1 through 12) residents on the census provided by the Administrator on 07/29/21, if being provided care by DCS and other staff providing services who may have a previous history of abusing, neglecting, and/or exploiting residents. The	{A 016}		

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{A 016}	Continued From page 7 findings are: A. Record review of DCS #1's employee file revealed the following: 1. The date of hire was 03/03/21. 2. The EAR clearance was not received until 03/27/21. 3. The application and fingerprints were not submitted until 03/27/21. B. Record review of DCS #2's employee file revealed the following: 1. The date of hire was 01/22/21. 2. There was no documentation that the application and fingerprints were submitted to the CCHSP with in 20-days of hire available for review. C. Record review of DCS #3's employee file revealed the following: 1. The date of hire was 08/28/20. 2. The EAR clearance was not received until 02/11/21. 3. The application and fingerprints were not submitted until 01/15/21. D. Record review of DCS # 4's employee file revealed the following: 1. The hire date was 03/03/21. 2. The application and fingerprints background check has not been submitted. E. Record review of Cook #1's employee file revealed the following: 1. The hire date was 07/15/21. 2. The EAR clearance was not received until 07/28/21. F. Record review of Cook # 2's employee file revealed the following:	{A 016}		

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{A 016}	Continued From page 8 1. The hire date was 01/07/21. 2. The EAR clearance was not received until 01/15/21. G. Record review of Maintenance Staff's employee file revealed the following: 1. The hire date was 01/18/20. 2. The EAR and CCHSP application and fingerprint background check was not submitted until 01/19/21. H. On 08/03/21 at 3:45 pm, during an interview with the Administrator, she confirmed that the DCS and staff listed above had not had their EAR/CCHSP screening requirements done in the required time frames. The Administrator stated she did not have access to the EAR database until June or July of 2021 and had issues with the Local Police Department at times when attempting to get fingerprint background checks completed for employees.	{A 016}		
{A 022}	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted	{A 022}		

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{A 022}	Continued From page 9 by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that	{A 022}		

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{A 022}	Continued From page 10 are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall	{A 022}		

PRINTED: 10/18/2021
FORM APPROVED

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{A 022}	Continued From page 11 have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident	{A 022}		

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{A 022}	Continued From page 12 possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10) (b) This is an uncorrected deficiency from a survey dated 01/21/20. Based on record request and interview, the facility failed to ensure that the written emergency evacuation plan for community-wide disasters contained plans for refuge and transportation. This deficient practice could likely negatively affect the health and safety of the 12 (R #s 1 through 12) residents if there is no transportation or shelter available in the event of a community-wide disaster. The findings are: A. Record request of the facility's emergency	{A 022}	Immediately took action to assure that a Written emergency evacuation plans for emergencies that affects just the facility and a community wide disaster to include transportation resources and refuge area were all in compliance for the state of New Mexico. Will in the future assure that a Written emergency evacuation plans for emergencies that affects just the facility and a community wide disaster to include transportation resources and refuge area were all in compliance for the state of New Mexico. Will assure that a Written emergency evacuation plan for emergencies that affects just the facility and a community wide disaster to include transportation resources and refuge area were all in compliance for the state of New Mexico. Administrator will monitor annually a Written emergency evacuation plans for emergencies that affects just the facility and a community wide disaster to include transportation resources and refuge area were all in compliance for the state of New Mexico. All documentation will be in the red emergency binder. Corrective action is completed.	10/21/2021

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 022}	Continued From page 13 disaster plan (not dated) revealed there was no plans for either transportation or shelter in the event of a community-wide disaster. B. On 08/03/21 at 2:38 pm, during an interview with the Administrator, she confirmed that the emergency disaster plan (not dated) did not contain a plan for either transportation or shelter arrangements for residents in the event of a community-wide disaster.	{A 022}		
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 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	A 033		

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A 033	Continued From page 14 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; 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,	A 033		

PRINTED: 10/18/2021
FORM APPROVED

Division of Health Improvement

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A 033	Continued From page 15 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 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	A 033		

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A 033	Continued From page 16 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: 7.8.2.33 D (11) (A) 7.8.2.7 DEFINITIONS: . . . AW. "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness and is defined in the Incident Reporting Intake, Processing & Training Requirements, 7.1.13 NMAC. 7.1.13.7. DEFINITIONS: . . . T. "Neglect" means the failure of the caretaker/staff to provide basic needs of a person, such as clothing, food, shelter, supervision and care for the physical and mental health of that person. Neglect causes, or is likely to cause, harm, or death to a person. Based on observation and interview, the facility failed to ensure they were following the Covid-19 (a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) screening guidance (taking temperatures and completing a symptom questionnaire) for visitors and staff entering the	A 033	Immediately took action to assure all staff and visitors are screened upon entering the facility and follow the Covid-19 screening guidance. Will in the future assure that all staff and visitors are screened upon entering the facility. Administrator will have all new staff trained to screen all staff and visitors upon entering the facility and follow the Covid-19 screening guidance. Administrator will monitor daily that all staff is screening all staff and visitors upon entering the facility and follow the Covid-19 screening guidance. Corrective action is completed.	10/20/2021

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GOOD LIFE SENIOR LIVING AND MEMORY CARE	1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031

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A 033	Continued From page 17 facility. This deficient practice could likely result in harm to the 12 (R #s 1 through 12) residents listed on the resident census provided by the Administrator on 07/28/21 to be at risk of harm if visitors and staff are not being screened for Covid-19 and are exposing the residents to the virus. The findings are: A. On 07/28/21 at 7:35 am, surveyors entered the facility and Direct Care Staff (DCS) (unknown name) working in the facility failed to screen the surveyors for Covid-19 and failed to take their temperatures. B. On 07/28/21 at 10:00 am, during an interview with the Administrator, she stated the DCS had previously been taking temperatures and screening all visitors. The Administrator confirmed that the screening and temperature recordings for surveyors had not been completed upon arrival into the facility at 7:35 am on 07/28/21. 7 NMAC 8.2.34 Custodial Drug Permits	A 033		
{A 034}	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. 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.	{A 034}		

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{A 034}	Continued From page 18 (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 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;	{A 034}		

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{A 034}	Continued From page 19 (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. (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	{A 034}		

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{A 034}	Continued From page 20 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: 7.8.2.34 B (2) This is an uncorrected deficiency from a survey dated 01/21/20. Based on observation and interview, the facility failed to ensure that the narcotic controlled substance medications (medications that are regulated under the controlled substances act) were stored and inventoried in a manner to enable accurate reconciliation (counted and monitored) pursuant to Board of Pharmacy Regulations 16.19.11.10 NMAC. This deficient practice could likely result in the 12 (R #s 1 through 12) residents identified on the census provided by the Administrator on 07/28/21 to be risk for injury or harm due to narcotics going missing or not being available due to lack of accurate reconciliation. The findings are: A. On 07/30/21 at 10:20 am, during observation of R #3's narcotic controlled substance medications overflow (extra, unopened medications) in the medication closet, it was revealed that [redacted] B. On 07/30/21 at 10:20 am, during observation of R #5's narcotic overflow medications, it was revealed that there were [redacted]	{A 034}	Immediately took action to assure that facilities narcotics and overflow narcotics are counted with each shift daily and all narcotics are accounted for by recording the number of narcotics for each resident in the Narcotic Binder in each med room. Will in the future assure that facilities narcotics and overflow narcotics are counted with each shift daily and all narcotics are accounted for by recording the number of narcotics for each resident in the Narcotic Binder in each med room. Will maintain that each resident's narcotics and overflow narcotics are counted daily and accounted for with each shift and record the number of narcotics for each resident in the Narcotic Binder in each med room. Administrator or RN will monitor daily and initial next to each day that each resident's narcotics and overflow narcotics are counted and accounted for with each shift and record the number of narcotics for each resident in the Narcotic Binder in each med room to be in compliance for the state of New Mexico. Corrective action is completed	10/20/2021

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{A 034}	Continued From page 21 [redacted] C. On 07/30/21 at 10:20 am, during an interview with the facility Registered Nurse (RN), she confirmed that the overflow narcotics for R #s 3 and 5 were not being counted daily. /	{A 034}		
{A 035}	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or 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	{A 035}		

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{A 035}	Continued From page 22 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 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	{A 035}		

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{A 035}	Continued From page 23 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); (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;	{A 035}		

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{A 035}	Continued From page 24 (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; (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]	{A 035}		

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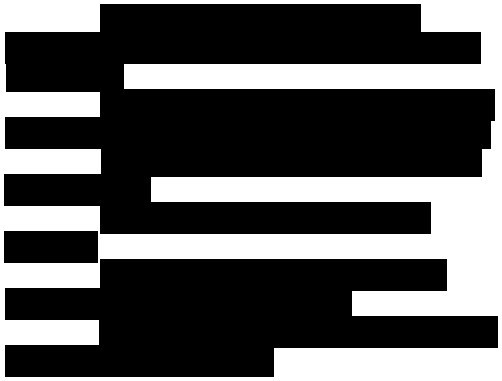
{A 035}	Continued From page 25 This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (4) (5) This is an uncorrected deficiency from a survey dated 01/21/20. Based on record review and interview the facility failed to ensure for 3 (R #s 3 through 5) of 3 (R #s 3 through 5) residents whose Medication Administration Records (MARs) were reviewed for compliance that they were complete, accurate, and included all required information. This deficient practice could likely negatively affect the health, safety, and welfare of the residents if the information on the MAR is not accurate, complete, and includes all required information. The findings are: A. Record review of R #3's June, 2021 MAR revealed the following missing information: 1. Both brand/generic names for the following medications: 	{A 035}	Immediately took action to assure that all MAR's did not have any missing information, including the diagnosis and generic brand of medicine for all residents. Will in the future assure that all resident MAR's have all information regarding medications, including diagnosis and generic brand of medication and is in their chart to be in compliance for the state of New Mexico. Will maintain that each resident MAR's have all information regarding medications, including diagnosis and generic brand of medicine and is in their chart to comply for the state of New Mexico. Administrator or RN will monitor resident MAR's monthly when they are printed off, review MAR and initial that it was reviewed and then placed in the resident's chart to be in compliance for the state of New Mexico. Corrective action is completed.	10/20/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY NG 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 26 [redacted] B. Record review of R #4's June, 2021 MAR revealed the following missing information: 1. Both brand/generic names for the following medications: [redacted] C. Record review of R #5's June, 2021 MAR revealed the following missing information: 1. Both brand/generic names for the following medications: [redacted] 2. Both brand/generic names and the diagnosis or reason fo [redacted] D. 08/05/21 at 3:02 pm, during an interview with the Administrator, she confirmed that the MARs for R #s 3 through 5 did not have all the required information including both brand/generic names for medications (for R #s 3, 4, and 5) and the diagnosis or reason for medications (for R #5) 7 NMAC 8.2.60 Fire Clearence and Inspections	{A 035}		
{A 060}	FIRE CLEARANCE AND INSPECTIONS: A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal ' s office or the fire prevention authority with	{A 060}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENT FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BU LDING: B. W NG _____	R-C **08/05/2021**

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{A 060}	Continued From page 27 jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.60 B This is an uncorrected deficiency from a survey dated 01/21/20. Based on record request and interview, the facility failed to ensure that an annual fire inspection by the local fire authority having jurisdiction was conducted and a record of the inspection onsite and available to review. This deficient practice has the potential for the 12 (R #s 1 through 12) residents identified on the census provided by the Administrator on 07/28/21, to be at risk of injury or death if there a fire were to occur and the fire system was not in working order. The findings are: A. Record request for the facility's an annual Fire Inspection Report from the local fire prevention authority with jurisdiction, revealed no documentation that the annual fire inspection was	{A 060}	Immediately took action to assure that the facility fire alarm system is inspected annually and proper documentation is recorded and kept in the office. Will in the future assure that proper testing is conducted on facility fire alarm system and proper records are kept in the office. An annually inspection will be conducted by an outside entity. Administrator will assure that proper inspection of the fire alarm system is conducted annually, and the documentation will be kept in the office. Administrator or Maintenance Man will monitor annually that the fire alarm system is inspected and documented. All Documentation will be in the Life Safety Binder in the office. Corrective action is completed.	10/20/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENT FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 060}	Continued From page 28 completed. B. On 08/02/21 at 12:53 pm, during an interview with the Administrator, she confirmed that she did not know if or when the last Fire System Inspection was completed and could not provide inspection records.	{A 060}		