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	2116	A. BUILDING: _____ B. WING _____	R-C 06/21/2022

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 IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments The following deficiencies were cited during a Follow-up/Revisit survey completed on 06/21/22 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}		

Melissa Vallejos Administrator 08/04/2022

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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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{A 016}	Continued From page 2 7.8.2.16 B (7) This is an uncorrected deficiency from surveys dated 01/21/20, 08/05/21, and 04/22/22. 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}	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.	08/04/2022

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{A 016}	Continued From page 3 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}		

PRINTED: 07/07/2022
FORM APPROVED

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{A 016}	Continued From page 4 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 the applications for fingerprints for the New Mexico Caregivers Criminal History Screening Program (CCHSP) were submitted within 20 days of hire. This deficient practice could likely negatively affect the safety and welfare of the 9 (R #s 1-9) of residents listed on the census provided by the Administrator on 06/06/22, if they are being provided care and services by Direct Care Staff (DCS) who have a criminal background. The findings are: A. Record review of DCS #2's employee file (date of hire 05/11/22), revealed no documentation that her application and fingerprints were submitted to the CCHSP within	{A 016}		

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{A 016}	Continued From page 5 20 days of hire. B. On 06/21/22 at 2:00 pm, during an interview with the Administrator, she confirmed that there was no documentation that DCS #2's application and fingerprints were submitted to the CCHSP within 20 days of hire.	{A 016}		
{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 include the telephone numbers for the incident management hotline and for the state ombudsman program.	{A 033}		

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{A 033}	Continued From page 6 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, 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	{A 033}		

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{A 033}	Continued From page 7 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 or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety	{A 033}		

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{A 033}	Continued From page 8 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 (4) 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) guidance by wearing face masks. This deficient practice could likely result in harm to the 9 (R #s 1-9) residents listed on the census provided by the Administrator on 06/06/22, to be at risk of harm if staff are not wearing masks and residents are exposed to the virus. The findings	{A 033}	Immediately took action to ensure all staff are wearing masks to follow Covid – 19 regulations. Will in the future ensure that all staff Will wear masks to follow Covid – 19 regulations. Administrator will monitor train staff to wear masks while on shift to follow Covid – 19 guidelines. Administrator will monitor daily that all staff is wearing masks while on shift to follow Covid – 19 guidelines. Corrective action is completed.	08/04/2022

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{A 033}	Continued From page 9 are: A. Record review of the Department of Health revised Letter of Direction for Long-Term Care and Assisted Living Facilities (dated 12/14/21) Covid-19 guidance, revealed that the staff are required and need to be wearing masks while working in the facility. B. On 06/06/22 at 3:14 pm, during observation of the facility, no staff were wearing face masks when working in the facility around the residents. C. On 06/06/22 at 3:40 pm, during an interview with the Administrator, she confirmed that staff were not wearing face masks when working in the facility around the residents. D. On 06/07/22 at 1:01 pm, during observation of the facility, staff were observed to still not wearing face masks when working in the facility around residents. 7 NMAC 8.2.38 Housekeeping Services	{A 033}		
A 038	HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be	A 038		

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A 038	Continued From page 10 stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 C Based on observation and interview, the facility failed to ensure that cleaning supplies/hazardous chemicals were stored in secure areas and were not accessible to the residents. This deficient practice could likely result in the 9 (R #s 1-9) residents listed on the census list provided by the Administrator on 06/06/22, to be at risk of harm, illness, or injury if the residents were to spill or ingest the hazardous chemicals. The findings are: A. On 06/07/22 at 8:31 am, during observation of the facility the following chemicals were observed stored in an unsecured closet. 1. Two (2) 12 oz (ounce) cans of spray paint 2. Two (2) 10 oz cans of spray paint 3. Six (6) 8 fluid oz bottles of paint 4. One (1) 4 oz craft bond adhesive spray B. On 06/17/22 at 1:00 pm, during an interview with the Administrator, she confirmed that the paint was being stored in an unsecured closet and accessible to residents.	A 038	Immediately took action to ensure that cleaning supplies/hazardous chemicals were stored in a secure areas and not accessible to the residents. Will in the future that cleaning supplies/hazardous chemicals were stored in a secure areas and not accessible to the residents. Administrator will train all staff to store all cleaning supplies/ hazardous chemicals were stored in a secure areas and not accessible to the residents. Administrator will monitor daily that all staff is storing cleaning supplies/ hazardous chemicals in secure areas and not accessible to the residents. Corrective action is completed.	08/04/2022

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A 038	Continued From page 11 .	A 038		