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 _____	R-C 08/16/2022

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 Revisit/Follow-up survey completed on 08/16/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. DCS: Direct Care Staff 7 NMAC 8.2.33 Resident Rights	{A 000}		
{A 033}	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	{A 033}		

Melissa Vallejos Administrator 08/20/2022

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{A 033}	Continued From page 1	{A 033}		

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, community and other activities and freely
associate with persons in and out of the facility;

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{A 033}	Continued From page 2 (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 or discharge. E. The resident's rights shall not be restricted	{A 033}		

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{A 033}	Continued From page 3 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: This is an uncorrected deficiency from a survey dated 06/21/22 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	{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.	08/20/2022

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{A 033}	Continued From page 4 to the 10 (R #s 1-10) residents listed on the census provided by the Administrator on 08/11/22, to be at risk of harm if staff are not wearing masks and residents are exposed to the virus. The findings 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 08/12/22 at 12:42 pm, during observation of the facility, DCS #1 was observed to not be wearing a face mask when sitting with the residents during meal time. C. On 08/12/22 at 12:45 pm, during observation of the facility, DCS #2 was observed to not be wearing a face mask while working in the facility around residents. D. On 08/12/22 at 12:45 pm, during an interview with the Administrator, she confirmed DCS #s 1 and 2 were not wearing face masks while 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	{A 038}		

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{A 038}	Continued From page 5 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 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 10 (R #s 1-10) residents listed on the census list provided by the Administrator on 08/11/22, 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 08/12/22 at 12:47 pm, during observation of the facility, the following chemicals were observed stored in an unsecured closet: 1. Four 10-ounce cans of spray paint. 2. One 16-ounce bottle of nail polish remover. 3. One 4-ounce can of craft bond spray adhesive.	{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 ensure 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.	08/20/2022

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{A 038}	Continued From page 6 B. On 08/16/22 at 11:52 am, during an interview with the Administrator, she confirmed: 1. The chemicals were stored in the unsecured, unlocked closet. 2. The door had been equipped with a lock, but DCS may have left it unlocked.	{A 038}		