

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 000	Initial Comments The following deficiencies were cited during an Complaint Survey completed on 04/10/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Census: 37 Complaint intake [REDACTED] was investigated with two deficiencies cited.	8 000		
8 033	8 NMAC 370.14.33 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	8 033		

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Elizabeth Petropoulos

President

1/8/2026

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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	
8 033	Continued From page 1 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, community and other activities and freely	8 033			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 033	Continued From page 2 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 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 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	8 033		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 033	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. [8.370.14.33 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.33 D (8) Based on record review and interview, the facility failed to ensure for 1 (R #1) of 4 (R #'s 1-4) residents that personal privacy was maintained while using the bathroom. This deficient practice could likely infringe on the privacy of all residents, if the facility overlooks assigning opposite sex residents to share the same bathroom and the mishandling of resident's personal property. The findings are: A. Record review of complaint intake [REDACTED] received on [REDACTED] revealed, R #1 shares a bathroom with R #4 but does not feel comfortable with the bathroom arrangement since R #4 is of the opposite sex [REDACTED] privacy has been violated on more than one occasion. B. Record review of R #1's service agreement signed on [REDACTED] stated, "Resident's Rights-as a resident of this facility, you have the right to have your property treated with respect and care." C. On 04/08/25 at 11:00 AM during a phone interview and follow-up (in-person) interview on 04/10/25 at 3:00 pm with R # [REDACTED] stated in [REDACTED] (could not recall exact date), R #4 opened [REDACTED] bathroom door unannounced around 10:00 pm and tossed [REDACTED] riser into [REDACTED] room	8 033	On 4/22/2025 resident [REDACTED] was transferred to another room, as facility's attempts to ensure resident [REDACTED]'s privacy is maintained and property was treated with care. In addition, facility's room transfer policy was added to admissions agreement, specifying that the final decision regarding room transfers lies with the facility, and that residents can be moved if necessary with proper written notice. The manager and administrator will continue to address resident preferences before move-in and monitor any tension or misunderstandings between roommates and suitemates (sharing bathrooms) on a daily basis. In the event that a move will be needed, the administrator or manager will discuss the change with the family/POA and resident immediately and the appropriate changes will be made within 15 days or less. Any complaints regarding roommates, suitemates, or other residents will be addressed weekly by the administrator. Whenever changes in an individual resident's behavior toward another resident becomes an issue, this will be addressed in a care conference involving the family, doctor, and hospice (if appropriate) in order to determine resident's care appropriateness at Carefree Living. Any recommendations made for changes to their individual service plan will be made by the entire care team. All changes and behavior tracking by staff will be closely monitored by the administrator for signs of improvements or worsening of behaviors and reported to the family and doctor monthly in order to determine if Carefree Living is appropriate and able to meet the resident's needs while keeping all the other residents safe and free of harm.	4/22/2025

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 033	Continued From page 4 frightening [REDACTED]. On [REDACTED], R #4 conducted the same actions of tossing [REDACTED] assistance toileting device into [REDACTED] while [REDACTED] recliner causing [REDACTED] due to the act of aggression, R #4 had displayed toward [REDACTED] personal property. D. On 04/08/25 at 4:48 pm during an interview, the facility Administrator confirmed she was aware of the bathroom concern between R #1 and R #4 and she tried to resolve the situation by negotiating a room transfer, but neither resident is willing to move. E. On 04/10/25 at 3:00 pm, during an observation of R #1 and R #4's shared bathroom revealed that R #1's room is accessible by R #4 if the bathroom is not locked.	8 033		
8 037	8 NMAC 370.14.37 Laundry Services A. General requirements: The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry	8 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 037	Continued From page 5 room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [8.370.14.37 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.37 A (10) Based on observation and interview, the facility failed to ensure cleaning supplies were kept in a secured room or cabinet. This deficient practice could potentially lead to	8 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
8 037	Continued From page 6 serious health risks including poisoning (and death) if residents were to swallow the chemicals. The findings are: A. On 04/07/25 at 9:26 AM, during observation of the facility utility closet located in the north side of the facility there was an unsecured closet (two unsecured entry doors) with storage shelves with the following chemicals: 1. Three (3) One (1) gallon Disinfectant containers. 2. Three (3) gallon window cleaner containers. 3. Four (4) 36 oz. multisurface cleaner bottles. 4. Three (3) 9.7 oz aerosol furniture polish cans. B. On 04/07/25 at 9:43 AM, during observation of facility laundry room #1 located in the south side there was an unsecured bottom cabinet contained the following chemicals: 1. One (1) 32 oz liquid spray multi-surface cleaner & bleach. 2. One (1) 9.7 oz aerosol furniture polish can. 3. One (1) opened (no lid), unlabeled container of powdery substance (possible granule laundry soap). C. On 04/07/25 at 9:48 AM, during observation of facility laundry room #2 located in the north side an unsecured bottom cabinet contained the following chemicals: 1. Two (2) opened (no lid), unlabeled container of powdery substance (possible granule laundry soap). 2. One (1) 3.78 oz of liquid bleach. D. On 04/07/25 at 10:12 AM, during an interview, the facility administrator confirmed there was an unsecured utility closet containing unsecured chemicals located on the north side of the facility	8 037	on 4/23/2025 "Store room locks" (door handles that are always locked on the external handle) have been installed on both utility room closet doors, as well as on all laundry room doors to ensure that doors will always be locked and that residents do not have access to cleaning supplies. On a daily basis, handyman/custodian and floor manager will ensure all doors and cabinets are locked. Ongoing weekly inspections by the floor manager and administrator are in place and tracked monthly in the quality assurance improvement report/ meeting. Any deficient performance will result in re-education of staff which will be tracked in the staff training binder.	4/23/2025

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/10/2025
NAME OF PROVIDER OR SUPPLIER CAREFREE LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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	
8 037	Continued From page 7 and two laundry rooms (north and south locations) with unsecured bottom cabinets containing chemicals.	8 037			