

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/02/2024
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NAME OF PROVIDER OR SUPPLIER  LIFE SPIRE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9151 HIGH ASSETS WAY NW ALBUQUERQUE, NM 87120
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(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	<p>Initial Comments</p> <p>The following deficiencies were cited during a Full Onsite/Complaint survey completed on 04/02/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults.</p> <p>Resident Census: [REDACTED]</p> <p>Complaint Intake NM [REDACTED] was investigated with deficiencies cited.</p>	A 000	<p><del>A025 - Request for IDR</del> <i>IBV</i></p>	
A 025	<p>7 NMAC 8.2.25 Resident Evaluation</p> <p>RESIDENT EVALUATION:</p> <p>A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility.</p> <p>B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.</p> <p>C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:</p> <p>(1) activities of daily living;</p> <p>(2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc;</p> <p>(3) communication and hearing; ability to communicate needs and understand instructions, etc;</p> <p>(4) vision;</p>	A 025		

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A 025	<p>Continued From page 1</p> <p>(5) physical functioning and skeletal problems;                      (6) incontinence of bowel/bladder;                      (7) psychosocial well-being;                      (8) mood and behavior;                      (9) activity interests;                      (10) diagnoses;                      (11) health conditions;                      (12) nutritional status;                      (13) oral or dental status;                      (14) skin conditions;                      (15) medication use and level of assistance needed with medications;                      (16) special treatments and procedures or special medical needs such as hospice; and                      (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc.</p> <p>D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually.</p> <p>E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs.</p> <p>[7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.25 E</p>	A 025		

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A 025	<p>Continued From page 2</p> <p>failed to ensure for (R #s of R #s residents whose evaluations were reviewed for compliance that Resident Evaluations were reviewed, and if needed, revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or Physician Extender (PE) (A Physician assistant or Nurse Practitioner).</p> <p>This deficient practice could likely result in the residents not receiving appropriate care/services if the resident evaluations are not reviewed or revised by an LPN, RN, or PE, and the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are:</p> <p>A. Record review of R # (admission date resident file revealed a LPN, RN, or PE did not review or if needed, revise R # evaluations dated 22, 23, and 23.</p> <p>B. Record review of R (admission date resident file revealed a LPN, RN, or PE did not review or if needed, revise R evaluation dated 23.</p> <p>C. Record review of R # (admission date resident file revealed a LPN, RN, or PE did not review or if needed, revise R evaluation dated /24.</p> <p>D. Record review of R # (admission date resident file revealed a LPN, RN, or PE did not review or if needed, revise R evaluation dated /24.</p> <p>E. Record review of R (admission date resident file revealed LPN, RN, or PE did not review or if needed, revise R evaluations dated /23 and 23.</p>	A 025		

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A 025	Continued From page 3	A 025		
	<p>F. On 03/29/24 at 10:35 am, during an interview, the House Manager confirmed that a LPN, RN, or PE. did not review or if needed, revise the resident evaluations for R #s [REDACTED] and [REDACTED]</p> <p>//</p>		<p>A025 Life spire will initiate a contract with a LPN or RN to review resident evaluations 6/26/24</p> <p>Life spire will assure that all resident evaluations will be completed and revised and reviewed by a LPN or Rn. House Manager will complete audit to assure the above is completed every 6 months and at admission. 6/26/24</p>	
A 026	<p>7 NMAC 8.2.26 Individual Service Plan</p> <p>INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender.</p>	A 026	<p>A 026- Life Spire will assure that all residents will have their Individual Service Plans reviewed every 6 months. The House Manager and the Resident Relations/QA Manager will complete a audit and assure that all current resident ISP are up to date. The House Manager will submit monthly audit to the Executive Director assuring that all ISP are reviewed every 6 months.</p> <p>Life spire will initiate a contract with a LPN or RN to review resident ISP. 6/26/24</p>	5/1/24

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A 026	<p>Continued From page 4</p> <p>(3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility ' s determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including those authorized for PRN usage.</p> <p>[7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (2 and 3)</p> <p>Based on record review and interview, the facility failed to ensure for ■ (R #s ■) of ■ (R #s ■) residents whose Individual Service Plans (ISPs) were reviewed for compliance that:</p> <p>1. A Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender (PE) (A Physician assistant or Nurse Practitioner)</p>	A 026		

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A 026	<p>Continued From page 5</p> <p>reviewed or if needed revised the ISPs.</p> <p>2. The ISPs were reviewed or if needed revised at least every six (6) months or when there is a significant change in the resident's health status.</p> <p>These deficient practices could likely result in the residents being at risk of harm and not receiving the care and services needed if the ISP is not updated at least every six (6) months and reviewed/revised by an LPN, RN, or PE resulting in the DCS being unaware of the care and services needed by the resident. The findings are:</p> <p>A. Record review of R # [REDACTED] resident file revealed that a LPN, RN, or a PE did not review or if needed revise the ISPs dated [REDACTED]/23 and [REDACTED] 24.</p> <p>B. Record review of R # [REDACTED] resident file revealed:</p> <p>1. A LPN, RN, or a PE did not review or revise R # [REDACTED] ISP dated [REDACTED] 23.</p> <p>2. The last ISP was dated 06/09/23 and was due to be updated in December 2023.</p> <p>C. Record review of R # [REDACTED] resident file (admission date [REDACTED] revealed a LPN, RN, or a PE did not review or if needed revise the ISP dated [REDACTED] 24.</p> <p>D. Record review of R # [REDACTED] resident file (admission date [REDACTED] revealed a LPN, RN, or a PE did not review or if needed revise the ISP dated [REDACTED]/24.</p> <p>E. Record review of R # [REDACTED] resident file revealed:</p> <p>1. A LPN, RN, or a PE did not review or if needed revise the ISP dated [REDACTED]/23.</p> <p>2. The last ISP was dated 05/06/23 and was</p>	A 026		

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A 026	Continued From page 6  due to be updated in November 2023.	A 026		
A 032	<p>F. On 03/29/24 at 10:35 am, during an interview, the House Manager confirmed that:</p> <ol style="list-style-type: none"> <li>1. A LPN, RN, or PE did not review or if needed revise the ISPs for R #s [REDACTED] and [REDACTED]</li> <li>2. R #s [REDACTED] and [REDACTED] ISPs were not updated every six months.</li> </ol> <p>7 NMAC 8.2.32 Reporting of Incidents</p> <p><b>REPORTING OF INCIDENTS:</b></p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:</p> <ol style="list-style-type: none"> <li>(1) a narrative description of the incident;</li> <li>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</li> </ol>	A 032	<p>A 032</p> <p>Life Spire will assure that Internal Incident reports as well as Licensing Authority Reports are completed in a timely manner and submitted for all unusual occurrence or suspected cases of abuse. In addition, the agency will complete a 5 day follow up investigation. The house Manager as well as all staff will complete a in house training on incident Reporting and the Resident Relations/ QA will convene with staff at least one time a week and document her observations and discussions with direct care staff and managers to assure that incidents have been reported.</p> <p>All incidents will be reported within 24 hours or next business day if a holiday</p>	April 30, 2024

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SUMMARY STATEMENT OF DEFICIENCIES  
 (EACH DEFICIENCY MUST BE PRECEDED BY FULL  
 REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION  
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 DEFICIENCY)

(X5)  
 COMPLETE  
 DATE

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Continued From page 7

(3) plans for further actions in response to the incident.  
 [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]

This REQUIREMENT is not met as evidenced by:  
 7.8.2.32 A (1) B

7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS

Refer to 7.1.13.7 W. & 8 B. (2)

A. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation.

B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an

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A 032	<p>Continued From page 8</p> <p>incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R █ of █ (R #'s █ residents whose resident files were reviewed for compliance that the facility:</p> <ol style="list-style-type: none"> <li>1. Reported incidents of possible abuse, neglect, exploitation, or unusual occurrences that have threatened or could threaten the health, safety, or welfare of the residents and staff to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday.</li> <li>2. Conducted an internal investigation and submitted an investigation follow-up report to the Licensing Authority within five (5) business days from the date an incident occurred.</li> </ol> <p>These deficient practices could likely result in the residents being at risk of harm, injury, or death if incidents occur and there is no oversight by the Licensing Authority. The findings are:</p> <p>A. Record review of Complaint Intake NM █ received on █ 23 at 1:12 pm, revealed the following:</p> <ol style="list-style-type: none"> <li>1. On █ 23, R █ had painful bruises on █</li> <li>2. Bruises had been found on R █ by the complainant before, and the incident on █ 23 was the third time.</li> </ol> <p>B. On 03/27/24 at 12:20 pm, during an interview, the Complainant confirmed the following:</p>	A 032		

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A 032	<p>Continued From page 9</p> <p>1. The complainant observed bruising on [REDACTED]</p> <p>2. The complainant reported the bruising to the House Manager three times (exact dates not recalled).</p> <p>3. The complainant stated R [REDACTED] reported to the complainant that the bruises were painful on [REDACTED]</p> <p>4. The complainant stated R [REDACTED] reported the bruises were from being transferred and lifted by the Direct Care Staff (DCS).</p> <p>C. On 03/29/24 at 10:43 am, during an interview, the House Manager confirmed:</p> <p>1. R [REDACTED] noticed bruising on [REDACTED] and [REDACTED] and the complainant reported this to him on 09/24/23.</p> <p>2. The bruising was likely caused by DCS incorrectly transferring R [REDACTED] by picking [REDACTED] up by [REDACTED] hands or wrists.</p> <p>D. On 04/01/24 at 1:52 pm, during an interview, former DCS #1 stated:</p> <p>1. The House Manager told her (former DC'S #1) that R [REDACTED] had fragile and sensitive skin, which caused [REDACTED] to bruise easily.</p> <p>2. She (Former DCS #1) transferred R [REDACTED] properly by putting [REDACTED] arms underneath R [REDACTED] arms and not by pulling or grabbing [REDACTED] wrists.</p> <p>3. She observed former DCS #2 incorrectly transfer R [REDACTED] by grabbing R [REDACTED] from the top of [REDACTED] hands and pulling [REDACTED] up.</p> <p>4. She reported that former DCS #2 incorrectly transferred R [REDACTED] to the house manager but could not recall the exact date she reported it.</p> <p>E. On 04/01/24 at 2:02 pm, during an interview, Former DCS #2 stated:</p> <p>1. He noticed bruising on R [REDACTED] [REDACTED] at different times (exact dates unknown).</p>	A 032		

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A 032	<p>Continued From page 10</p> <p>2. He stopped transferring R [redacted] by picking [redacted] up by [redacted] wrists, which the House Manager stated was causing bruising.</p> <p>3. He changed his transferring technique of R [redacted] to lifting [redacted] under [redacted] arms instead of picking [redacted] up by [redacted] wrists.</p> <p>F. Record request for internal (facility-created) incident reports revealed there were no reports regarding the bruising on R [redacted]</p> <p>G. Record request for incident reports reported to the Licensing Authority regarding the bruising on R [redacted] or the improper transferring technique conducted by Former DC'S #2 revealed that no reports were submitted to the Licensing Authority.</p> <p>H. On 04/01/24 at 11:17 am, during an interview, the House Manager confirmed R [redacted]'s bruises were not reported to the Licensing Authority, and the facility did not conduct and submit an investigation follow-up report to the Licensing Authority within five (5) business days from the date an incident occurred.</p>	A 032		K
A 033	<p>7 NMAC 8.2.33 Resident Rights</p> <p>RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents.</p> <p>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.</p> <p>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</p>	A 033	<p>All current staff will be re-trained on lift, transfer and assist techniques specific to each resident. If after a Direct care staff has received 2 or more documented training inservices and there is evidence that the direct care staff continues to lift, transfer in correctly, problem resoluton including termination of care giver will begin</p> <p>House Manager is to submit all family concerns to Executive director on a weekly basis via status report to assure that there has been attempted resolution to the family concern..</p> <p>Employees will be re educated on employee concern form so that upon notation of a concern they can begin to seek out problem resoluton to ensure the health and safety of our residents.</p>	5/5/2024

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A 033	<p>Continued From page 11</p> <p>shall be provided to the most significant responsible party in the following order:</p> <ol style="list-style-type: none"> <li>(1) the resident's spouse;</li> <li>(2) significant other;</li> <li>(3) any of the resident's adult children;</li> <li>(4) the resident's parents;</li> <li>(5) any relative the resident has lived with for six or more months before admission;</li> <li>(6) a person who has been caring for, or paying benefits on behalf of the resident;</li> <li>(7) a placing agency;</li> <li>(8) resident advocate; or</li> <li>(9) the ombudsman.</li> </ol> <p>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.</p> <p>D. To protect resident rights, the facility shall:</p> <ol style="list-style-type: none"> <li>(1) treat all residents with courtesy, respect, dignity and compassion;</li> <li>(2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;</li> <li>(3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes;</li> <li>(4) provide residents with a safe and sanitary living environment;</li> <li>(5) provide humane care for all residents;</li> <li>(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;</li> <li>(7) protect the confidentiality of the resident ' s medical record;</li> <li>(8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor;</li> </ol>	A 033		

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A 033	<p>Continued From page 12</p> <p>and privacy in the resident's own room;</p> <p>(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;</p> <p>(10) prohibit the use of any and all physical and chemical restraints;</p> <p>(11) ensure that residents:</p> <p>(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;</p> <p>(b) are free from financial abuse and misappropriation by facility staff or management;</p> <p>(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;</p> <p>(d) are free to leave the facility and return without unreasonable restriction;</p> <p>(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;</p> <p>(f) have an environment that fosters social interaction and avoids social isolation;</p> <p>(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;</p> <p>(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;</p> <p>(i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner;</p> <p>(j) have the right to participate in the development of their care plan/ISP;</p> <p>(k) have the right to choose a doctor, pharmacist and other health care provider(s);</p>	A 033		

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A 033	<p>Continued From page 13</p> <p>(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney;</p> <p>(m) have the right to keep and use personal possessions without loss or damage;</p> <p>(n) have the right to manage and control their personal finances;</p> <p>(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> <p>(p) shall not be required to work for the facility; and</p> <p>(q) are protected from unjustified room transfers or discharge.</p> <p>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.</p> <p>[7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by:                      7.8.2.7 DEFINITIONS:</p> <p>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 &amp; Training Requirements, 7.1.13 NMAC.</p> <p>7.1.13.7. DEFINITIONS:                      . . .                      T. "Neglect" means the failure of the</p>	A 033		

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A 033	<p>Continued From page 14</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R # [REDACTED]) of [REDACTED] (R #s [REDACTED]) residents that the Direct Care Staff (DCS) were using proper transferring techniques (proper positioning and coordination to reduce or eliminate the chance of injury). This deficient practice could likely harm the residents if the DCS does not use proper transferring techniques and residents sustain physical injuries during the transfer. The findings are:</p> <p>A. Record review of Complaint Intake NM [REDACTED], received on [REDACTED]/23 at 1:12 pm, revealed:</p> <ol style="list-style-type: none"> <li>1. On 09/24/23, R [REDACTED] had painful bruises on [REDACTED]</li> <li>2. This was the third time the complainant found bruises.</li> </ol> <p>B. On 03/27/24 at 12:20 pm, during an interview, the complainant confirmed the following:</p> <ol style="list-style-type: none"> <li>1. R [REDACTED] had bruising noted on [REDACTED] and [REDACTED]</li> <li>2. He reported the concerns about the bruising to the House Manager three times (he did not provide exact dates).</li> <li>3. The complainant stated R [REDACTED] reported that the bruises were painful or [REDACTED] to him.</li> <li>4. The complainant stated R [REDACTED] reported the bruises were from being transferred and lifted by DCS.</li> <li>5. The complainant stated he observed an unknown DCS transfer R [REDACTED] hands or</li> </ol>	A 033		

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A 033	Continued From page 15  wrists (dates not provided).	A 033		
	<p>C. On 03/29/24 at 10:43 am, during an interview, the House Manager confirmed the following:</p> <ol style="list-style-type: none"> <li>1. R ■ had fragile skin.</li> <li>2. R ■ had bruising on ■■■■■■■■■■</li> <li>3. The bruising was likely caused by incorrect transferring of R ■ by pulling ■■■■■ hands or wrists.</li> <li>4. Former DCS #s 1 and 2 were the DCS picking up R ■ incorrectly by ■■■■■■■■■■</li> <li>5. He previously showed former DCS alternative modifications instead of grabbing R ■ wrists for assisting in transferring R ■ like a two-person assist, or under-the-arm transfer when he trained them.</li> <li>6. Bruises were noticed on R ■ after the complainant reported them to him regarding the ■■■■■/23 incident.</li> </ol> <p>D. On 04/01/24 at 1:52 pm, during an interview, former DCS #1 stated:</p> <ol style="list-style-type: none"> <li>1. The House Manager told her (former DCS #1) that R ■ had fragile skin.</li> <li>2. R ■ had sensitive skin, which caused ■■■■■ to bruise easily.</li> <li>3. She (Former DCS #1) transferred R ■ by putting her arms underneath R ■ arms.</li> <li>4. She observed former DCS #2 incorrectly transferring R ■ by grabbing R ■ from the top of ■■■■■ hands and pulling ■■■■■ up (exact dates not recalled).</li> <li>5. She reported Former DCS #2 incorrectly transferred R ■ to the House Manager (she could not recall the date she informed the House Manager).</li> </ol> <p>E. On 04/01/24 at 2:02 pm, during an interview, Former DCS #2 stated:</p>			

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A 033	<p>Continued From page 16</p> <p>1. He noticed bruising on R [REDACTED] wrists.</p> <p>2. He stopped transferring F [REDACTED] by picking up by [REDACTED] wrists when the House Manager told him that was causing the bruising on R [REDACTED] wrists (he did not recall the date).</p> <p>3. He changed his transferring technique of R [REDACTED] to lifting [REDACTED] under [REDACTED] arms instead of picking up by [REDACTED] wrists.</p> <p>F. Record review of a photograph taken by the complainant on [REDACTED]/23 and sent by the complainant on 04/05/24 revealed a bruise (light and dark purple in color) approximately 1 inch long and 1/2 inch wide on the top of R [REDACTED]</p> <p>G. Record review of a photograph taken by the complainant on [REDACTED]/2, and sent by the complainant on 04/05/24 revealed a light purple colored bruise approximately the size of a quarter on the [REDACTED]</p>	A 033		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>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.</p> <p>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.</p> <p>(1) All medications, including non-prescription</p>	A 034	<p>Life Spire will assure that the oxygen storage room will not have any combustibles such as cardboard boxes, plastic bags and or paper. The Manager will be required to complete a weekly inspection to assure that the room is clear of combustibles. The Maintenance Manager will be required to complete a weekly inspection and submit to Administrator assuring that the building is in compliance with NFPA.</p>	4/22/23

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A 034	<p>Continued From page 17</p> <p>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.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(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.</p> <p>(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:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p>	A 034		

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A 034	<p>Continued From page 18</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(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.</p> <p>(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.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(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.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(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.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by</p>	A 034		

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A 034	<p>Continued From page 19</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7)</p> <p>Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition.</p> <p>11.3 Cylinder and Container Storage Requirements.</p> <p>11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3.</p> <p>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible</p>	A 034		

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A 034	<p>Continued From page 20</p> <p>construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m<sup>3</sup> (300 ft<sup>3</sup>) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m<sup>2</sup> (22,500 ft<sup>2</sup>) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p>	A 034		

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A 034	<p>Continued From page 21</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum:                      CAUTION: OXIDIZING GAS(ES) STORED WITHIN                      (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.</p> <p>Based on observation and interviews, the facility failed to store oxygen cylinder tanks which were not stored with combustible materials (materials that catch on fire and burn quickly or easily).</p> <p>This deficient practice could likely result in the (R #s [redacted] residents listed on the resident census provided by The House Manager on 03/27/24 being at risk of harm, injury, or death if oxygen storage tanks were stored with combustibles which could accelerate a fire.</p> <p>The findings are:</p> <p>A. On 3/27/24 at 2:35 pm, during observation of the oxygen storage room, the following combustible materials were being stored with oxygen tanks:</p> <ol style="list-style-type: none"> <li>1. Multiple cardboard boxes.</li> <li>2. Plastic bags.</li> <li>3. Various pieces of paper.</li> </ol> <p>B. On 3/27/24 at 2:35 pm, during an interview, the House Manager confirmed that combustible materials were stored in the oxygen storage room with oxygen tanks.</p>	A 034		

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A 035	Continued From page 22	A 035	A035	
A 035	7 NMAC 8.2.35 Medication	A 035	House Manager will assure that all orders received by a physician are turned into the pharmacy so that the order is entered into the MAR by a pharmacist.	5/1/2024
	<p>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.</p> <p>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.</p> <p>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 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.</p> <p>C. PRN (pro re nada) medication.</p> <p>(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.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of</p>		<p>Orders will be submitted w/i 24 hrs.</p> <p>House Manager will assure that all medications entered into the MAR include the brand and generic name of the medication. House Manager and Administrator will complete an audit one time a month to assure all are up to date and correct.</p> <p>A monthly review of MAR will be completed by Administrator to assure orders have been entered as well as proper entry of medications in regards to both names generic and brand.</p>	24 hrs.

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A 035	<p>Continued From page 23</p> <p>PRN medications shall be reported to the PCP.</p> <p>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.</p> <p>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.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>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 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:</p> <ol style="list-style-type: none"> <li>(1) the resident's name;</li> <li>(2) any known allergies to medication that the resident has;</li> <li>(3) the name of the resident's PCP or the prescriber of the medication;</li> <li>(4) the diagnosis or reason for the medication;</li> <li>(5) the name of the medication, including the drug product brand name and the generic name;</li> <li>(6) notation if the medication is a schedule II-IV drug;</li> <li>(7) the dosage of the medication;</li> <li>(8) the strength of the medication;</li> <li>(9) the frequency or how often the medication is</li> </ol>	A 035		

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A 035	<p>Continued From page 24</p> <p>to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pills, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>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.</p> <p>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:</p>	A 035		

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A 035	<p>Continued From page 25</p> <p>(1) the resident's name;</p> <p>(2) the name of the medication;</p> <p>(3) the date that the prescription was issued;</p> <p>(4) the prescribed dosage and the instructions for administration of the medication; and</p> <p>(5) the name and title of the prescriber.</p> <p>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.</p> <p>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.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5)</p> <p>Based on record review and interview, the facility failed to ensure for 2 (R # [REDACTED] of [REDACTED] (R #s [REDACTED] residents whose resident files, including Physician orders and Medication Administration Records (MARs), were reviewed for compliance that all medications:</p> <ol style="list-style-type: none"> <li>1. Ordered by a physician were listed on the MAR.</li> <li>2. All medications on MAR included the brand and generic names of the medication.</li> </ol> <p>These deficient practices could likely result in</p>	A 035		

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A 035	<p>Continued From page 26</p> <p>harm to the residents if:</p> <ol style="list-style-type: none"> <li>1. Residents do not receive ordered medications because the Direct Care Staff (DCS) who assist with medications are unaware of the orders and that the medication is available for use, if it is not listed on the MAR.</li> <li>2. DCS who assist with medication do not recognize the name of the medication if both brand and generic name are not listed.</li> </ol> <p>The findings are:</p> <p>R #1</p> <p>A. Record review of R [REDACTED] resident file revealed a physician's order dated [REDACTED]/24 for [REDACTED] 0 mg (milligrams) [REDACTED] pro re nata (PRN as needed) daily.</p> <p>B. Record review of R [REDACTED] MAR dated [REDACTED]/24 through [REDACTED]/24 revealed there was an entry for [REDACTED] the nurse may [REDACTED] which did not include both the brand and generic name, as noted on the physician's order [REDACTED]</p> <p>C. On 03/28/24 at 11:00 am, during an interview, the House Manager confirmed staff did not document both the brand and generic name for [REDACTED] on R [REDACTED] MAR.</p> <p>R #4.</p> <p>D. Record review of R [REDACTED] resident file revealed a physician's order dated [REDACTED]/24 for [REDACTED] capsule take one every other day.</p> <p>E. Record review of R [REDACTED] s MAR dated [REDACTED]/24 through [REDACTED]/24 revealed staff did not document</p>	A 035		

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A 035	Continued From page 27 the medication [REDACTED] on R [REDACTED] MAR that was ordered on [REDACTED] 24.	A 035		
	<p>F. On 03/28/24 at 9:28 am, during an interview, the House Manager confirmed:</p> <ol style="list-style-type: none"> <li>On [REDACTED] 24 there was an order for [REDACTED] [REDACTED] take one every other day for R [REDACTED]</li> <li>Staff did not document the medication for [REDACTED] capsule take one every other day on the MAR for R [REDACTED]</li> <li>The facility had the medication [REDACTED] capsule available for R [REDACTED] but it was not listed on the MAR.</li> </ol> <p>G. On 03/28/24 at 11:06 am, during an interview, R #4's Nurse Practitioner (NP), confirmed:</p> <ol style="list-style-type: none"> <li>The order for [REDACTED] was verbally changed to PRN from every other day, when (exact date not recalled) she found out R [REDACTED] had been having [REDACTED]</li> <li>The change in the order was decided after finding out R [REDACTED] and she would send a new order over to the facility.</li> </ol>			
A 036	<p>7 NMAC 8.2.36 Nutrition</p> <p>NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks.</p> <p>A. Dietary services policies and procedures. The</p>	A 036	<p>A036-</p> <p>The House Manager will complete a weekly inspection of the kitchen including freezer, refrigerator and pantry check to identify expired, open and undated products. The inspection will be submitted to the administrator each week. The resident relations/QA will complete one monthly un announced visit to assure kitchen compliance. Kitchen Chef to re certify in Serve Safe training course. All products currently onsite have been dated if in a opened package.</p>	<p>04/22/2024</p> <p>5/31/2024</p>

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A 036	Continued From page 28	A 036		
	<p>facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.</p> <p>(1) Meal service. The facility shall:</p> <p>(a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available;</p> <p>(b) provide snacks of nourishing quality and post on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;</p> <p>(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;</p> <p>(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;</p> <p>(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation</p>			

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A 036	<p>Continued From page 29</p> <p>and at least annually and that includes:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and</p> <p>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.</p> <p>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.</p> <p>(1) Kitchen sanitation.</p> <p>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.</p>	A 036		

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A 036	<p>Continued From page 30</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.</p> <p>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p>	A 036		

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A 036	<p>Continued From page 31</p> <p>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.</p> <p>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(7) Dry or staple food items shall be stored at</p>	A 036		

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A 036	<p>Continued From page 32</p> <p>least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk.</p> <p>F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells.</p> <p>[7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.36 D 3</p>	A 036		

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A 036	Continued From page 33	A 036		
	<p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Food stored in refrigerators and freezers were dated and labeled.</li> <li>2. Food stored in refrigerators were not expired.</li> </ol> <p>These deficient practices could likely result in the █ R #s █ residents listed on the census provided by the House Manager on 3/27/24 being at risk of harm, illness, and or death if they contract foodborne illnesses, requiring medical attention, because they consumed foods that were expired, not dated, and became contaminated with germs and bacteria. The findings are:</p> <p>Findings related to refrigerator in the kitchen:</p> <p>A. On 3/27/24 at 11:40 am, during observation of the refrigerator, revealed:</p> <ol style="list-style-type: none"> <li>1. One 1- pound (lb), open and undated package of ground beef.</li> <li>2. One gallon of expired milk (dated 03/26/24).</li> <li>3. One 36 fluid ounce (fl, oz) of expired salad dressing (dated 01/18/23).</li> <li>4. One 3 lb bag of chicken breast, opened and undated.</li> <li>5. One 21 oz package of pepperoni, opened and undated.</li> <li>6. One 7 oz package of salami, opened and undated.</li> <li>7. One 1 lb package sliced ham, opened and undated.</li> <li>8. One 16 oz package of diced ham, opened and undated.</li> <li>9. One 23 oz jar of marina sauce, opened and undated.</li> </ol>			

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A 036	Continued From page 34	A 036		
	<p>10. One half of a cut watermelon, opened and undated.</p> <p>B. On 3/27/24 at 11:45 am, during an interview, Chef #1 confirmed there were expired foods and undated foods in the refrigerator.</p> <p>Findings related to the freezer in the pantry:</p> <p>C. On 3/27/24 at 11:40 am, during observation of the freezer in the pantry revealed:</p> <ol style="list-style-type: none"> <li>1. One 12 oz bag of frozen spinach, opened and undated.</li> <li>2. One 22.75 oz bag of country-fried steak, opened and undated.</li> </ol> <p>D. On 3/27/24 at 11:50 am, during an interview, Chef #1 confirmed that there were open and undated foods in the pantry and the pantry freezer.</p>			
A 042	<p>7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p>MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:</p> <p>A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.</p> <p>B. Floors. Floors shall be maintained stable, firm and free of tripping hazards.</p> <p>[7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]</p>	A 042		

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A 042	Continued From page 35	A 042	A 042- Maintenance Supervisor is to complete a monthly building inspection to assure that the building is in compliance with regulation 7.8.2.42. The maintenance check list is to be submitted to the CFO in order to assure completion of required tasks.	5/1/2024
	<p>This REQUIREMENT is not met as evidenced by: 7.8.2.42</p> <p>Based on observation and interview, the facility failed to ensure the building was maintained from clutter and in good repair.</p> <p>This deficient practice could likely result in the (R #s █████ residents listed on the census provided by the House manger on 03/27/24, to be at risk of harm if the facility is not in good repair and free of clutter or environmental hazards.</p> <p>The findings are:</p> <p>A. On 3/27/24 at 2:09 pm, during observation of room #7, one (1) window was broken on the exterior of the windowpane.</p> <p>B. On 03/27/24 at 2:20 pm, during an interview, the House Manger confirmed room #7 had a broken window.</p> <p>The findings related to the clutter in the garage near the fire suppression system (a system designed to prevent or suppress a fire from spreading):</p> <p>C. On 3/27/24 at 2:25 PM, during observation of the garage, the following clutter was located near the fire suppression system:</p> <ol style="list-style-type: none"> <li>1. Wheelchairs.</li> <li>2. Paint buckets.</li> <li>3. Utility buckets.</li> <li>4. Tiles.</li> <li>5. Laminate Flooring boxes.</li> <li>6. Boxes.</li> </ol>		<p>Manager will complete a weekly inspection of the fire rise room to keep clear of clutter and submit to administrator with status report.</p> <p>Window # 7 repaired on exterior</p> <p>The garage has been cleared of clutter</p>	<p>04/23/2024</p> <p>4/23/2024</p>

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A 042	Continued From page 36	A 042		
	<p>7. Commodes</p> <p>8. Laundry basket.</p> <p>9. Mattress and box spring sets.</p> <p>10. Christmas wreath/decoration.</p> <p>D. On 03/27/24 at 2:35 pm, during an interview, the House Manger confirmed clutter near the fire suppression system in the garage.</p>			
A 065	<p>7 NMAC 8.2.65 Fire Drills</p> <p>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.</p> <p>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:</p> <p>(1) the date of the drill;</p> <p>(2) the time of the drill;</p> <p>(3) the number of staff participating in the drill;</p> <p>(4) any problem noted during the drill; and</p> <p>(5) the evacuation time in total minutes.</p> <p>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.65 B (2) (5)</p>	A 065	<p>A 065-</p> <p>The house Manager is to utilize the correct fire drill form and will receive fire drill training and documentation . The correct form to be used indicates the time and total minutes of evacuation and will be used effective immediatley in addition to other agency forms that assist with evacuation.</p>	4/30/2024

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A 065	<p>Continued From page 37</p> <p>Based on record review and interview, the facility failed to ensure the monthly fire drills documented the following information:</p> <ol style="list-style-type: none"> <li>1. The time of the drill.</li> <li>2. The evacuation time in total minutes.</li> </ol> <p>These deficient practices could likely result in the (R #s ██████ residents identified on the census, provided by the House Manager on 03/27/24, at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building.</p> <p>The findings are:</p> <p>A. Record review of the facility's fire drill log dated 01/03/24 revealed the following was not documented:</p> <ol style="list-style-type: none"> <li>1. The time of the drill.</li> <li>2. The evacuation time in total minutes.</li> </ol> <p>B. Record review of the facility's fire drill log dated 02/06/24 revealed the following was not documented:</p> <ol style="list-style-type: none"> <li>1. The time of the drill.</li> <li>2. The evacuation time in total minutes.</li> </ol> <p>C. On 03/29/24 at 10:35 am, during an interview, the House Manager confirmed the fire drill logs dated 01/03/24 and 02/06/24 did not have the following documented:</p> <ol style="list-style-type: none"> <li>1. The time of the drill.</li> <li>2. The evacuation time in total minutes.</li> </ol>	A 065		