

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/22/2022
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NAME OF PROVIDER OR SUPPLIER GOOD LIFE SENIOR LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031
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{A 000}	Initial Comments The following deficiencies were cited during a revisit survey completed on 04/22/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	{A 000}		
{A 016}	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant	{A016}		

Melissa Vallejos	Administrator	05/12/2022
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<p>{A 016}</p>	<p>Continued From page 1</p> <p>training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC.</p> <p>[7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by:</p>	<p>{A 016}</p>		
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>GOOD LIFE SENIOR LIVING AND MEMORY CARE</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031</p>	

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{A 016}	<p>Continued From page 2</p> <p>7.8.2.16 B (7)</p> <p>This is an uncorrected deficiency from surveys dated 01/21/20 and 08/05/21</p> <p>7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: . . .</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.</p> <p>(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.</p> <p>2) A signed authorization for release of information form.</p> <p>(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink.</p> <p>(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other</p>	{A 016}	<p>Immediately took action to assure all staff is checked through the EAR clearances and received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire.</p> <p>Will in the future assure that all staff is checked through the EAR clearances and are received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire.</p> <p>Will have all new staff checked through the EAR clearances and are received prior to hire and Fingerprints and applications are submitted to the CCHSP within 20-day after hire.</p> <p>Administrator will monitor that all staff was checked through the EAR clearances and are received prior to hire and Administrator will audit new hire files weekly until new hire is released from CCHSP to ensure that staff is in compliance with the state of New Mexico. Administrator will have a check list for all staff to ensure that EAR clearance and fingerprints were completed.</p> <p>Corrective action is completed.</p>	05/12/2022

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{A 016}	<p>Continued From page 3</p> <p>activity or expense undertaken by the Department.</p> <p>...</p> <p>E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p>	{A 016}		

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{A 016}	<p>Continued From page 4</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p> <p>Based on record review and interview, the facility failed to ensure that there was documentation on file and available for review:</p> <ol style="list-style-type: none"> 1. That the applications for fingerprints for the Caregiver Criminal History Screening program (CCHSP) were submitted within 20 days of the date of hire. 2. That clearances for the Direct Care Staff from the CCHSP had been received. <p>These deficient practices could likely negatively affect the safety and welfare of the 20 (R #s 1-20) residents listed on the census provided by the Administrator on 04/12/22, if they are being provided care and services by DCS who may have a criminal background. The findings are:</p>	{A 016}		

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<p>{A 016}</p>	<p>Continued From page 5</p> <p>A. Record review of DCS #1's employee file (date of hire 03/23/22) revealed:</p> <ol style="list-style-type: none"> 1. A fingerprint application dated 03/22/22 that did not have an applicant signature and/or documentation that it had been submitted. 2. The EAR (Employee Abuse Registry) clearance letter revealed DCS #4 needed to be fingerprinted by 04/12/22. 3. There was no documentation that a clearance letter received from CCHSP. <p>B. Record review of DCS #4's employee file (date of hire 03/22/22) revealed:</p> <ol style="list-style-type: none"> 1. No documentation of a fingerprint application having been completed or submitted. 2. The EAR clearance letter revealed DCS #4 needed to be fingerprinted by 04/11/22 3. There was no clearance letter received from CCHSP. <p>C. On 04/13/22 at 2:45 pm, during an interview with the Administrator, she confirmed the following:</p> <ol style="list-style-type: none"> 1. She did not have the letter from CCHSP for DCS #1, but that she thinks the application was submitted. 2. She was not sure if DCS #4 had an application for fingerprints submitted or if the fingerprinting had been completed. <p>7 NMAC 8.2.33 Resident Rights</p>	<p>{A 016}</p>		
<p>{A 033}</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</p>	<p>{A 033}</p>		

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{A 033}	<p>Continued From page 6</p> <p>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 shall be provided to the most significant responsible party in the following order:</p> <ol style="list-style-type: none"> (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. <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"> (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 	{A 033}		

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{A 033}	<p>Continued From page 7</p> <p>medical record;</p> <p>(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;</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; (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>	{A 033}		

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{A 033}	<p>Continued From page 8</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> <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. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency from a survey dated 08/05/21</p> <p>7.8.2.33 D (4)</p> <p>7.8.2.7 DEFINITIONS: ...</p>	{A 033}		

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<p>{A 033}</p>	<p>Continued From page 9</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 & Training Requirements, 7.1.13 NMAC.</p> <p>7.1.13.7. DEFINITIONS: ...</p> <p>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.</p> <p>Based on observation and interview, the facility failed to ensure they were following the Covid-19 (a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) screening guidance (taking temperatures and completing a symptom questionnaire) for visitors and staff entering the facility. This deficient practice could likely result in harm to the 20 (R #s 1-20) residents listed on the resident census provided by the Administrator on 04/12/22, to be at risk of harm if visitors and staff are not being screened for Covid-19 and are exposing the residents to the virus. The findings are:</p> <p>A. On 04/12/22 at 7:45 am, during an observation, the facility failed to screen the surveyor upon entry to the building.</p> <p>B. On 04/12/22 at 8:10 am, during an interview with the Administrator, she confirmed that the facility had not been screening in visitors and staff for Covid-19 upon entry to the building.</p>	<p>{A 033}</p>	<p>Immediately took action to assure all staff and visitors are screened upon entering the facility and follow the Covid-19 screening guidance.</p> <p>Will in the future assure that all staff and visitors are screened upon entering the facility.</p> <p>Administrator will have all new staff trained to screen all staff and visitors upon entering the facility and follow the Covid-19 screening guidance.</p> <p>Administrator will monitor daily that all staff is screening all staff and visitors upon entering the facility and follow the Covid-19 screening guidance.</p> <p>Corrective action is completed.</p>	<p>05/12/2022</p>
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{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 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>	{A 034}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/22/2022
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 034}	<p>Continued From page 11</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. (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> <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</p>	{A 034}		

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{A 034}	<p>Continued From page 12</p> <p>determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</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 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 B (2)</p> <p>This is an uncorrected deficiency from surveys dated 01/21/20 and 08/05/21</p> <p>Based on observation and interview, the facility failed to ensure for 4 (R #s 4, 5, 7 and 9) of 4 (R #s 4, 5, 7 and 9) residents, that the narcotic controlled substance medications (medications that are regulated under the controlled substances act) were stored and inventoried in a manner to enable accurate reconciliation (counted and monitored) pursuant to Board of Pharmacy Regulations 16.19.11.10 NMAC. This deficient practice could likely result in the</p>	{A 034}	<p>Immediately took action to assure that facilities narcotics and overflow narcotics are counted with each shift daily and all narcotics are accounted for by recording the number of narcotics for each resident in the Narcotic Binder in each med room.</p> <p>Will in the future assure that facilities narcotics and overflow narcotics are counted with each shift daily and all narcotics are accounted for by recording the number of narcotics for each resident in the Narcotic Binder in each med room.</p> <p>Will maintain that each resident's narcotics and overflow narcotics are counted daily and accounted for with each shift and record the number of narcotics for each resident in the Narcotic Binder in each med room.</p> <p>Administrator or RN will monitor daily and initial next to each day that each resident's narcotics and overflow narcotics are counted and accounted for with each shift and record the number of narcotics for each resident in the Narcotic Binder in each med room to be in compliance for the state of New Mexico.</p> <p>Corrective action is completed</p>	05/12/2022
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NAME OF PROVIDER OR SUPPLIER GOOD LIFE SENIOR LIVING AND MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031		
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<p>{A 034}</p>	<p>Continued From page 13</p> <p>residents identified on the census provided by the Administrator on 04/12/22, to be risk for injury or harm due to narcotics going missing or not being available due to lack of accurate reconciliation. The findings are:</p> <p>Findings related to R #4:</p> <p>A. On 04/14/22 at 12:38 pm, during observation of R #4's overflow narcotic medications, the following was observed:</p> <p>[REDACTED]</p> <p>Findings related to R #5:</p> <p>B. On 04/14/22 at 12:40 pm, during observation of R #5's overflow narcotic medications, [REDACTED] /22, was not being counted daily.</p> <p>Findings related to R #7:</p> <p>C. On 04/14/22 at 12:42 pm, during observation of R #7's overflow narcotic medications, the following was observed:</p> <p>[REDACTED]</p>	<p>{A 034}</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>2116</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R-C 04/22/2022</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>GOOD LIFE SENIOR LIVING AND MEMORY CARE</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031</p>	

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{A 034}	<p>Continued From page 14</p> <p>██████████/22, was not being counted daily.</p> <p>Findings related to R #9:</p> <p>D. On 04/14/22 at 12:27 pm, during observation of R #9's overflow narcotic medications, the following was revealed:</p> <p>██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████</p> <p>E. On 04/11/22 at 12:45 pm, during an interview with DCS #7, she confirmed that the overflow narcotics for R #s 4, 5, 7 and 9 were not being counted daily.</p> <p>7 NMAC 8.2.35 Medication</p>	{A 034}		
{A 035}	<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</p>	{A 035}		

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

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{A 035}	<p>Continued From page 15</p> <p>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 PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.</p> <p>E. The facility shall have medication reference</p>	{A 035}		

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{A 035}	<p>Continued From page 16</p> <p>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"> (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, 	{A 035}		

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NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">GOOD LIFE SENIOR LIVING AND MEMORY CARE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031</p>		
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{A 035}	<p>Continued From page 17</p> <p>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; (17) the desired results obtained from or</p> <p>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> <p>(1) the resident's name;</p> <p>(2) the name of the medication;</p> <p>(3) the date that the prescription was issued; (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</p>	{A 035}		
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{A 035}	<p>Continued From page 18</p> <p>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 (4) (5)</p> <p>This is an uncorrected deficiency from a survey dated 01/21/20 and 08/05/21</p> <p>Based on record review and interview the facility failed to ensure for 1 (R #3) of 2 (R #s 3-4) residents whose Medication Administration Records (MARs) were reviewed for compliance that they were complete, accurate, and included all required information. This deficient practice could likely negatively affect the health, safety, and welfare of the residents if the information on the MAR is not accurate, complete, and includes all required information. The findings are:</p> <p>Findings related to R #3:</p> <p>A. Record review of R #3's MAR dated 04/01/22 through 04/14/22, revealed the following medications were missing both the brand and generic names: <div style="background-color: black; width: 200px; height: 15px; margin-left: 20px;"></div></p>	{A 035}	<p>Immediately took action to assure that all MAR's did not have any missing information, including the diagnosis and generic brand of medicine for all residents.</p> <p>Will in the future assure that all resident MAR's have all information regarding medications, including diagnosis and generic brand of medication and is in their chart to be in compliance for the state of New Mexico.</p> <p>Will maintain that each resident MAR's have all information regarding medications, including diagnosis and generic brand of medicine and is in their chart to comply for the state of New Mexico.</p> <p>Administrator or RN will monitor resident MAR's monthly when they are printed off, review MAR and initial that it was reviewed and then placed in the resident's chart to be in compliance for the state of New Mexico.</p> <p>Corrective action is completed.</p>	05/12/2022

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{A 035}	<p>Continued From page 19</p> <p>[REDACTED]</p> <p>B. Record review of R #3's MAR dated 04/01/22 through 04/14/22, revealed the following medications were missing the diagnosis or reason for the medication:</p> <p>[REDACTED]</p> <p>C. On 04/22/22 at 10:30 am, during an interview with the Administrator, she confirmed that R #3's MAR dated 04/01/22 through 04/14/22 was missing both the brand/generic names and the diagnosis/reason for the medications listed above.</p>	{A 035}		