PRINTED: 10/29/2019
FORM APPROVED

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2184	A. BUILDING: _____ B. WING _____	C 08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EDGEWOOD	102 QUAIL TRAIL EDGEWOOD, NM 87015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 08/01/19, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint #NM 38484 was substantiated with deficiencies cited.	A 000		
A 019	7 NMAC 8.2.19 Staffing Ratios STAFFING RATIOS: The following staffing levels are the minimum requirements. A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs. (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. (2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. (3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises. (4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises. (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty	A 019		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X5) DATE: 11/8/19

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A 019	7 NMAC 8.2.19 Staffing Ratios STAFFING RATIOS: The following staffing levels are the minimum requirements. A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs. (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. (2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. (3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises. (4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises. (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty	A 019		

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A 019	Continued From page 1 and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility. B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days. [7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.19 A. Based on record review and interview, the facility failed to ensure that there was a sufficient number of Direct Care Staff (DCS) on duty to provide safe transfers for 1 (R #2) of 1 (R #2) resident requiring the assistance of a minimum of two DCS for all transfers. This deficient practice has the potential for all residents, to be at risk of harm, injury if there are not a minimum of 2 DCS available to transfer residents safely. The findings are: A. On 08/01/19 at 11:20 am, during an interview, the Administrator stated that R #2 required two-person assistance when transferring from one position to another. B. Record review of staff schedules dated 07/14/19- 07/31/19, revealed that the graveyard shift has only one DCS scheduled and present during graveyard shift from 11:00 pm to 7:00 am. C. On 08/01/19 at 5:00 pm, during an interview, the Administrator stated that the Hospice provider informed her on or about June of 2019, R #2 had	A 019		

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A 019	Continued From page 2 a significant change in health status requiring a 2-person transfer. D. On 08/01/19 at 5:00 pm, during an interview, the Administrator confirmed that the facility only has one DCS scheduled and present during graveyard shift from 11:00 pm to 7:00 am.	A 019		
A 026	7 NMAC 8.2.26 Individual Service Plan 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. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (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. (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. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services;	A 026		

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A 026	Continued From page 3 (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (3) Based on record review and interview, the facility failed to ensure for 2 (R #s 2 & 3) of 4 (R #s 1-4) residents whose Individual Service Plans (ISP's) were reviewed for compliance were: 1. Completed within ten (10) days of admission. 2. Reviewed and/or revised when a significant change in the resident's health status has occurred. This deficient practice has the potential for all residents to be at risk of harm, injury or neglect if: 1. ISPs are not completed within 10-days of admission or when there is a change in condition, 2. If Direct Care Staff (DCS) are not aware of the residents' current condition and the correct care/services needed. The findings are: Findings related to R #2:	A 026	(A026) The ISP for resident #2 has been revised to reflect resident #2's current condition. An ISP for resident #3 was completed on 08/02/19. Each resident's ISP will be reviewed monthly by the house manager and revised whenever there is a significant change in the resident's health status. The house manager will coordinate reviews of the evaluations with the facility's consulting nurse to maintain timeliness.	10/15/19

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A 026	Continued From page 4 A. On 08/01/19 at 11:20 am, during an interview, the Administrator stated that R #2 required the assistance of two-persons while transferring from one position to another. B. Record review of R #2's resident file revealed a significant change in condition after the initial ISP dated 03/19/19 as documented by the Hospice provider: 1. A hospice treatment note dated 06/21/19 at 2:50 pm, noted that it took 3 people to assist while showering R #2, because [redacted] this morning that was reported it to Hospice RN. 2. A hospice treatment note dated 07/02/19 at 2:00 pm, noted that R#2 was in main room in [redacted] 3. A hospice treatment note dated 07/16/19 at 1:35 pm, noted that a two-person transfer was required to assist R #2 with bathing & toileting. C. Record review of R #2's file, revealed no documentation for an updated or revised ISP, due to the significant change in the resident's health status as documented by the Hospice provider. D. On 08/01/19 at 5:00 pm, during an interview, the Administrator stated/confirmed that: 1. The Hospice provider informed her on or about June of 2019 (date unknown) that R #2 had a significant change in health status requiring a 2-person assist with transfers. 2. A revised ISP had not been completed for R #2, due to a change in health status as found in the Hospice provider's treatment notes. Findings related to R #3:	A 026		

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A 026	Continued From page 5 E. Record review of R #3's resident file revealed no documentation that an ISP was completed upon or since admission on [redacted]19. F. On 08/01/19 at 3:40 pm, during an interview, the Assistant Administrator confirmed there was no documentation of an ISP for R #3.	A 026		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state	A 033		

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A 033	Continued From page 6 ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;	A 033		

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A 033	Continued From page 7 (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted	A 033		

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A 033	Continued From page 8 unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (10) Based on observation and interview, the facility failed to ensure for 1 (R #2) of 1 (R #2) resident who had a [redacted] in use was free from being physically restrained. This deficient practice is a violation of the resident's right to not be physically restrained to prevent freedom of movement. The resident is also at risk of harm (physical/mental), injury, or death if the resident were to fall or was injured while trying to remove the restraints. The findings are: A. On 08/01/19 at 5:00 pm, during an interview, the Administrator denied that R #2's [redacted] B. On 08/06/19 at 11:00 am, during an interview with Anonymous Visitor, he stated that during visits on 06/26/19 & 07/28/19, R #2 was in a [redacted] Anonymous Visitor stated that: 1. R #2 was trying to remove the locking device on those two occasions but was unable to do so. 2. Anonymous Visitor asked staff why R #2 [redacted] and was told that R #2	A 033	(A033) The attached tray for the recliner for resident #2 has been removed and will be replaced when needed by an over bed table or lap tray which the resident can remove as desired, but which will still enhance resident #2's ability to participate in meals and activities as independently as possible. Staff will be inserviced regarding resident equipment that could restrict or restrain resident movement. The house manager will monitor all residents daily for any devices that could restrict resident mobility or movement.	10/15/19

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	2184	A. BUILDING: _____ B. WING _____	C 08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EDGEWOOD	102 QUAIL TRAIL EDGEWOOD, NM 87015

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A 033	Continued From page 9 tries to go outside and falls. C. On 08/09/19 at 2:30 pm, during observation of 2 videos provided by an Anonymous Visitor, R #2 was shown [redacted]	A 033		
A 035	7 NMAC 8.2.35 Medication 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. 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. 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.	A 035		

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A 035	Continued From page 10 C. PRN (pro re nada) medication. (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. (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. 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. F. Medications prescribed for one resident shall not be used for another resident. 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: (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	A 035		

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A 035	Continued From page 10 C. PRN (pro re nada) medication. (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. (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. 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. F. Medications prescribed for one resident shall not be used for another resident. 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: (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	A 035		

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A 035	Continued From page 11 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, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported	A 035		

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A 035	Continued From page 12 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. 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: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. 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. 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. 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] This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5) Based on record review and interview, the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents whose Medication Administration	A 035		

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A 035	Continued From page 13 Records (MARs) were reviewed for compliance included both the brand & generic names for the medications listed. This deficient practice has the potential for all residents to be at risk of harm, injury or death if the medications do not have both the brand & generic names, because the Direct Care Staff (DCS) who assist with medications do not know what the medication (new name) is for. The findings are: A. Record review of R #1's June 2019 and July 2019 MAR revealed no documentation of both the Brand/Generic name for the following medications: [redacted] B. Record review of R #2's July 2019 MAR revealed no documentation of the Brand/Generic name for the following medications: [redacted]	A 035		

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A 035	Continued From page 13 Records (MARs) were reviewed for compliance included both the brand & generic names for the medications listed. This deficient practice has the potential for all residents to be at risk of harm, injury or death if the medications do not have both the brand & generic names, because the Direct Care Staff (DCS) who assist with medications do not know what the medication (new name) is for. The findings are: A. Record review of R #1's June 2019 and July 2019 MAR revealed no documentation of both the Brand/Generic name for the following medications: [redacted] B. Record review of R #2's July 2019 MAR revealed no documentation of the Brand/Generic name for the following medications: [redacted]	A 035	(A035) The Medication Administration Record (MAR) for residents #1, #2, #3, and #4 have been corrected to include the brand and generic names for each medication listed. The (MAR) for each resident will include both the brand and generic name for the medications listed, whenever both names exist. The facility administrator will audit the record of each new resident to ensure ongoing compliance, and the pharmacy consultant will be requested to review compliance on her quarterly reviews.	10/15/19

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A 035	Continued From page 14 [redacted] C. Record review of R #3's June 2019 and July 2019 MAR, revealed no documentation of the Brand/Generic name for the following medications: [redacted] D. Record review of R #4's June 2019 and July 2019 MAR revealed no documentation of the Brand/Generic name for the following medications: [redacted] E. On 08/01/19 at 5:00 pm, during an interview, the Administrator confirmed that the June and July 2019 MARs for R #s 1-4 records did not include both brand & generic names for the	A 035		

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A 035	Continued From page 14 [redacted] C. Record review of R #3's June 2019 and July 2019 MAR, revealed no documentation of the Brand/Generic name for the following medications: [redacted] 2019 MAR revealed no documentation of the Brand/Generic name for the following medications: [redacted] E. On 08/01/19 at 5:00 pm, during an interview, the Administrator confirmed that the June and July 2019 MARs for R #s 1-4 records did not include both brand & generic names for the	A 035		

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A 035	Continued From page 15 medications listed above.	A 035		