STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2262	A. BUILDING: _____ B. WING _____	C 07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF FOUR HILLS I	13450 WENONAH SE ALBUQUERQUE, NM 87123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 07/12/19, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint #NM 31339 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		

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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 #1) of 1 (R #1) resident(s) 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 or injury if there are not a minimum of 2 DCS available to transfer residents safely. The findings are: A. Record review of the facility's DCS's work schedules revealed that from 07/01/2019 through 07/13/19, only one DCS was scheduled on the graveyard shift. B. Record review of a Hospice memorandum dated 07/01/19, revealed, that R #1 had a change in status effective 07/01/19 requiring a two-person transfer. The memorandum stated that, R #1 "is no longer a one person transfer. It is mandatory to have two people during the transfer."	A 019	A 019 Facility will ensure that the staffing ratios reflect the needs and requirements set forth in the individual service plans of the residents.	7-22-19

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A 019	Continued From page 2 C. On 07/12/19 at 12:30 pm, during an interview with the Administrator, she confirmed that only one DCS is scheduled during the graveyard shift who is alone at the facility, and that the Hospice memorandum dated 07/01/19, required a two-person transfer for R #1.	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; (8) documentation of the facility ' s determination	A 026		

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A 026	Continued From page 3 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) B (9) Based on record review and interview, the facility failed to ensure Individual Service Plan (ISP) were reviewed updated when a significant change in condition occurs. This deficient practice has the potential for all 13 (R #s 1-13) residents listed on the census provided by the House Manager, (HM) on 07/11/19, to be at risk of harm or injury if the Direct Care Staff (DCS) do not know what services they are to provide. The findings are: A. Record review of R #1's resident file revealed a memorandum from the hospice provider dated 07/01/19, stating that R #1 had a change in condition effective 07/01/19 and that, R #1 "is no longer a one person transfer. It is mandatory to have two people during the transfer." B. Record review of R #1's resident file revealed, a nurse's note dated 07/04/19 signed by the Registered Nurse (RN) that stated R #1 "will need to be transferred by two people to [redacted] is not to be left alone in [redacted] without someone nearby with eyes or [redacted]	A 026	A 026 The Resident ISP in question has been updated to reflect the most recent assessment by the hospice agency. ISP's will be updated every six months as required or when there is a change in condition. All other resident ISP's have been reviewed and updated.	7-22-19

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A 026	Continued From page 4 C. Record review of R #1's ISP dated 07/05/19, revealed that the ISP: 1. Did not include the change of condition requiring a two-person transfer. 2. Stated on page 9 of 9, titled Physical Transferring, Instructions: R #1 "is able to bear weight and help during transfers. Staff provide stand by assistance and tap on the seat where they want R #1 to sit so [redacted] is always aware of where the seat is located." D. On 07/12/19 at 12:30 pm, during an interview with the Administrator, she confirmed that R #1's ISP dated 07/05/19, did not include the change in condition requiring a 2-person transfers stated in the hospice memorandum dated 07/01/19.	A 026		