STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Division of Health Improvement	2211	A. BUILDING: _____ B. WING _____	PRINTED: 02/05/2020 FORM APPROVED C 12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF FARMINGTON 4	~~508 B N AIRPORT DR~~ FARMINGTON, NM 87401

(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 12/02/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint #NM 37832 was unsubstantiated with deficiencies cited.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: 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. (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. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. 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: (1) a narrative description of the incident; (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 (3) plans for further actions in response to the	A 032	7 NMAC 8.2.32 Reporting of Incidents (1) Beehive Homes staff will report all incidents of known or suspected resident abuse, neglect or exploitation. Beehive Homes will also report incidents which has or could be threaten the safety or welfare of a resident within 24 hours. (2)B Beehive Homes staff will complete a 5 day follow up of all incidents and report them to the licensing authority. The investigation will include a narrative description of the incident which will be on the state approved incident report form for the current year. Also included will be plans for further actions regarding the incident. Beehive Homes staff will retain a copy of the investigation in the facility. Beehive Homes house manager and/or assistance manager will review the reports before and after submission. Beehive Homes house manager and/or assistant manager will ensure that the 5 day follow up (investigation) is fully completed within the allowed 5 days. Beehive Homes house manager and/or assistant manager will ensure that a copy of said incident report and investigation is maintained in the facility.	12/04/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
BKovacsen	Administrator	

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A 032	Continued From page 1 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 B (2) (3) 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " 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 incident or allegation of an incident or the next	A 032		

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A 032	Continued From page 2 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 Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R # 1) residents whose internal incident report was reviewed for compliance that an internal investigation was conducted and a (5) five day follow-up of the incident was filed with the State Licensing Authority. This deficient practice is likely to result in residents to be at risk of harm if the facility is not investigating reportable incidents and submitting a investigation report to the State Licensing Authority within 5 business days, resulting in no oversite to protect the residents from being abused, neglected, and/or injured. The findings are: A. Record review of R #1's Internal Incident report dated 06/19/19 was sent to the State Licensing Authority. Internal Incident report reveals R#1 [redacted] A 5 day follow-up investigation report was not submitted to the State Licensing Authority. B. On 12/02/19 at 3:20 pm, during an interview with the Administrator, she confirmed that the facility did not submit a investigation/follow-up report for R #1 dated 06/19/19 within 5 business days to the State Licensing Authority that included the following: (1) A narrative description of the incident. (2) The result of the facility's investigation shall be recorded on the state approved incident	A 032		

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A 032	Continued From page 3 report form for the current year, pursuant to 7.1.13 NMAC. (3) Plans for further actions in response to the incident..	A 032		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy	A 037	7 NMAC 8.2.37 Laundry Services Beehive Homes maintenance staff installed a combination locking doorknob to the laundry room door. Beehive Homes house manager will ensure the laundry room door will remain closed at all times and locked for the safety of all residents. Manager and/or assistant manager to monitor daily.	12/09/2019

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A 037	Continued From page 4 the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10) Based on observation and interview the facility failed to ensure that laundry and cleaning supplies were kept in a secured room, closet, or cabinet. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by the House Manger on 12/02/19, to be at risk of harm or injury if they were to ingest or spill faundry or cleaning supplies on their face or body. The findings are: A. On 12/02/19 at 2:30 pm, during observation of the unlocked laundry room, the following cleaning supplies were observed to be accessible to residents: 1. (1) 20 oz can spray starch 2. (1) 1 gallon bottle of laundry detergent 3. (2) 1 gallon bottles of fabric softener	A 037		

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A 037	Continued From page 5 4. (1) 40 oz bottle of laundry detergent 5. (1) 1 gallon bottle of bleach B. On 12/02/19 at 3:06 pm, during an interview with the House Manager, she confirmed that the above listed laundry and cleaning supplies were in the unlocked laundry room.	A 037		
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by:	A 038	7 NMAC 8.2.38 Housekeeping Services All chemicals have been moved to the locked laundry room and out of the cleaning supply closet. The cleaning supply room is now used to house clean empty buckets, clean rags, and brooms. Beehive Homes house manager will ensure that all chemicals will be stored in a locked area out of resident's view. Manager and/or assistant manager will monitor the cleaning supply closet and the laundry room daily to ensure there all chemicals are locked in laundry room.	12/09/2019

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A 038	Continued From page 6 7.8.2.38 C Based on observation and interview, the facility failed to ensure that poisonous substances are not stored in areas accessible to residents. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by the House Manager on 12/02/19, to be at risk of harm, illness, or death if residents were to ingest poisonous chemicals or spill poisonous chemicals on themselves. The findings are: A. On 12/02/19 at 2:30 pm, during observation of the cleaning room area of the facility, the following chemicals were observed to be in the unlocked room in unlocked cabinets and accessible to residents: 1. (1) 32 oz spray bottle of Air Freshener 2. (1) 18 oz bottle of hydrogen peroxide 3. (1) ½ gallon bottle of glass and surface cleaner 4. (1) ½ gallon bottle of liquid cleaner B. On 12/02/19 at 2:30 pm, during observation of the supply closet, the following chemicals were observed to be in the unlocked room in unlocked cabinets and accessible to residents: 1. (1) 8 oz spray can of air deodorizer 2. (1) 16 oz bottle of rubbing alcohol 3. (1) 16 oz bottle of hydrogen peroxide 4. (25) bottles of body deodorizer spray C. On 12/02/19 at 3:06 pm, during an interview with the House Manager, she confirmed that the above listed chemicals were stored in the unlocked cleaning room and supply rooms, and accessible to residents.	A 038		