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 _____	R-C 07/12/2023

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 Full-Onsite, Revisit survey completed on 07/12/23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Resident Census is 15	{A 000}		
{A 025}	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: 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. 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. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being;	{A 025}		

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{A 025}	Continued From page 1 (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. 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. 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. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.25 A This is an uncorrected deficiency for survey dated 01/27/23. Based on record review and interview, the facility	{A 025}	(A025) A resident evaluation will be completed for each new resident within 15 days prior to admission to determine if the resident's needs can be met by the facility. The evaluation will be kept in the resident's record. The resident's initial evaluation will be reviewed and updated as appropriate at least every 6 months. The administrator will ensure that the evaluation is done within 15 days prior to admission and placed in the resident's record. The house manager will maintain a schedule of reviews and coordinate reviews and updates to the evaluations with the facility contract nurse.	08/04/23

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{A 025}	Continued From page 2 failed to ensure evaluations/assessments were completed within 15-days prior to admission for 2 (R #s 1 and 4) of 2 (R #s 1 and 4) residents whose files were reviewed for compliance. This deficient practice could likely to result in the residents not receiving appropriate care/services upon admission if the Direct Care Staff (DCS) are not aware of what the residents' needs are. The findings are: A. Record review of R #1's resident file (admitted on [redacted]23) revealed no documentation that a resident evaluation/assessment was completed within 15 days prior to admission. B. Record review of R #4's evaluation/assessment dated 05/28/23, revealed that the evaluation/assessment was not completed within 15 days prior to admission on 05/20/23. C. On 07/11/23 at 11:10 am, during an interview with House Manager, she confirmed that: 1. There was no documentation that R #1 had an evaluation/assessment completed within 15 days prior to admission. 2. R #4's evaluation was not completed within 15 days prior to admission.	{A 025}		
{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.	{A 026}		

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{A 026}	Continued From page 3 (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 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 026}	(A026) Individual Service Plans (ISP) will be developed and implemented within 10 days of admission for all new residents to the facility. The house manager will coordinate the development of the ISP with the facility contract nurse, to be done timely.	08/04/23

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{A 026}	Continued From page 4 This is an uncorrected deficiency for survey dated 01/27/23. Based on record review and interview, the facility failed to ensure for 1 (R #1) of 2 (R #s 1 and 4) residents whose resident files were reviewed for compliance that their Individual Service Plans (ISPs) were completed and implemented within ten (10) calendar days of admission. This deficient practice could likely negatively affect the health, safety, and welfare of the residents, if the Direct Care Staff (DCS) are not providing the appropriate care and services, because the initial ISPs were not completed and implemented in the required ten (10) days after their admission date. The findings are: A. Record review of R #1's resident file, revealed no documentation that an initial ISP was completed and/or implemented within ten (10) calendar days of the admission on [redacted]23. B. On 07/11/23 at 11:00 am, during an interview with the House Manager, she confirmed that R #1's initial ISP was not completed and/or implemented within 10 days of R #1's admission to the facility.	{A 026}		
{A 036}	7 NMAC 8.2.36 Nutrition 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	{A 036}		

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{A 036}	Continued From page 5 accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (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; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (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; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (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; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to	{A 036}		

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{A 036}	Continued From page 6 eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (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 (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. 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. (1) Kitchen sanitation. (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. (b) Utensils shall be stored in a clean, dry place	{A 036}		

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{A 036}	Continued From page 7	{A 036}		

protected from contamination.
(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.
(2) Washing and sanitizing kitchenware.
(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.
(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.
(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.
(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.
(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.
(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.
(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.
D. Food management. The facility shall store,

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{A 036}	Continued From page 8 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. (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. (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. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (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. (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. (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. (6) Canned or preserved foods shall be procured from sources that process the food under	{A 036}		

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{A 036}	Continued From page 9 regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at 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. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (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. 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. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]	{A 036}		

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{A 036}	Continued From page 10 This REQUIREMENT is not met as evidenced by: 7.8.2.36 B (4) This is an uncorrected deficiency for survey dated 01/27/23. Based on observation and interview, the facility failed to ensure that a daily log of the recorded temperatures for all facility refrigerators and freezers were maintained onsite and available for inspection for thirty (30) calendar days. This deficient practice could likely result in the 15 (R #s 1-15) residents listed on the census provided by the House Manager on 07/11/23, to be at risk of contracting foodborne illnesses. If food is not being stored at the correct temperatures, it could become contaminated with bacteria and germs. The findings are: A. On 07/11/23 at 2:20 pm, during observation of the the facility's garage, the chest freezer that stores resident food did not have daily temperature logs. B. On 07/11/23 at 2:35 pm, during an interview with the House Manager, she confirmed that the chest freezer in the garage did not have daily temperature logs.	{A 036}	(A036) A daily log of recorded temperatures will be kept for refrigerators and freezers and maintained on-site for at least 30 days after each month. The Dietary Manager will monitor the kitchen and pantry at least weekly to ensure that temperature logs are being maintained.	08/04/23
{A 066}	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location	{A 066}		

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{A 066}	Continued From page 11 and the proper use of fire extinguishers and the other procedures to be followed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff shall be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night. (2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced. (3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes. (5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010]	{A 066}		

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{A 066}	Continued From page 12 This REQUIREMENT is not met as evidenced by: 7.8.2.66 C This is an uncorrected deficiency for survey dated 01/27/23. Based on record review and interview, the facility failed to ensure for 2 (R #s 2 and 5) of 3 (R #s 1, 2, and 5) residents whose resident files were reviewed for compliance, that the residents received a fire safety and evacuation orientation upon admission to the facility. This deficient practice could likely result in the residents to be at risk of harm, injury, or death if a fire or other emergency were to occur because residents do not know where the fire safety equipment is, the evacuation route, and/or where the exits are. The findings are: A. Record review of R #2's (date of admission [redacted]19) resident file, revealed no documentation that they received a fire safety and evacuation orientation upon admission to the facility. B. Record review of R #5's (date of admission [redacted]22) resident file, revealed no documentation that they received a fire safety and evacuation orientation upon admission to the facility. C. On 07/11/23 at 10:15 am, during an interview with the House Manager, she confirmed that there was no documentation that R #s 2 and 5 received fire safety and evacuation orientations	{A 066}	(A066) The facility currently practice In the past was to review its fire safety plan with each new resident upon admission. The facility will add a written fire safety and evacuation map to this procedure, and this will be documented in each new resident's record. The facility Administrator will ensure that this practice is followed for each new admission to the facility.	08/04/23

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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 066}	Continued From page 13 upon admission.	{A 066}		