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Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2091	A. BUILDING: _____ B. WING _____	02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF ALBUQUERQUE - WEST	6000 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120

(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 onsite survey completed on 02/20/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	A 000		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned,	A 022	NM Department of Health APR 07 2020 Division of Health Improvement	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 4/6/2020

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A 022	Continued From page 1 including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC;	A 022		

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A 022	Continued From page 2	A 022		

(b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and
(3) a copy of all waivers or variances granted by the licensing authority.
C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following:
(1) resident use of tobacco and alcohol;
(2) resident use of facility telephone or personal cell phone;
(3) resident use of television, radio, stereo and cd;
(4) the use and safekeeping of residents ' personal property;
(5) meal availability and times;
(6) resident use of common areas;
(7) accommodation of resident ' s pets; and
(8) resident use of electric blankets and appliances.
D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas:
(1) actions to be taken in case of accidents or emergencies;
(2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission;
(3) policy for medication errors;
(4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.);
(5) the handling of resident's funds, if the facility provides such services;
(6) reporting of incidents, including abuse,

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A 022	Continued From page 3 neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]	A 022		

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A 022	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10) (a) (b) Based on record request and interview, the facility failed to ensure that there were written emergency evacuation plans for both facility only and community wide disasters. This deficient practice could likely result in all 14 (R #s 1-14) residents listed on the census provided by the Administrator on 02/19/20 to be at risk of harm, injury, illness and/or death if a facility only or community wide disaster occurred and the residents were unable to be safely evacuated from the facility or community. The findings are: A. Record request for the emergency evacuation plan for facility only disasters, revealed no documentation that the facility had a plan in place. B. Record request for the emergency evacuation plan for community wide disasters, revealed no documentation that the facility had a plan in place. C. On 02/20/20 at 10:15 am, during an interview with the Administrator, he confirmed that the facility does not have emergency evacuation plans for facility only or community wide emergencies or disasters.	A 022	(A022) A facility emergency evacuation plan has been developed, which addresses plans for both facility-only and community disasters. It is included in the facility disaster manual, which will be reviewed annually by the administrator and updated as needed.	04/07/20
A 025	7 NMAC 8.2.25 Resident Evaluation	A 025		

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A 025	Continued From page 5 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; (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	A 025		

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A 025	Continued From page 6 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 C (4) (7-8) 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 Evaluations were reviewed for compliance contained all required information. This deficient practice could likely result in the residents not receiving appropriate care because the Direct Care Staff (DCS) do not know what care is needed, because the Evaluations do not include all required information. The findings are: A. Record review of R #s 1-4 Evaluations revealed they did not include the following required information: 1. Vision	A 025	(A025) The facility's electronic records has been updated to include an evaluation of residents' needs for vision, psychosocial, and mood and behavior. Now each new or updated resident evaluation will address these areas. The facility administrator will monitor all resident evaluations quarterly to ensure these areas are addressed.	03/10/20

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A 025	Continued From page 7 2. Psychosocial 3. Mood and behavior B. On 02/19/20 at 10:40 am, during an interview with Administrator #2, she confirmed that the Evaluations for R #s 1-4 did not include the above listed required information.	A 025		
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		

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A 032	Continued From page 8 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 A (1-2) B (1-3) 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	(A032) An incident report and 5 day follow up were completed for this incident and reported to the Licensing Authority on 2/19/20. The house manager and administrator have reviewed the reporting requirement and placed blank copies of the DOH forms in the facility forms manual for future use. In the future all unusual occurrences or incidents which could threaten the health, safety, or welfare of the residents will be reported and investigated by the house manager or administrator.	03/10/20

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A 032	Continued From page 9 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 4 (R #s 1-4) resident whose resident files were reviewed for compliance that Incidents of unusual occurrence which has or could likely threaten the health, safety, or welfare of the residents: 1. Were reported to the Licensing Authority within twenty-four (24) hours or the next business day if on a holiday or weekend. 2. That a (5) five day follow up was filed after the initial Incident Report was filed with the state. This deficient practice could likely result in all residents to be at risk of harm, injury, and/or death, if there is no oversight by the Licensing Authority. The findings are: A. Record review of R #1's resident file revealed that on 01/26/20 the resident had the following unwitnessed fall with injury: [redacted] B. Record review of the facility's internal incident report for R #1 dated 01/26/20 revealed no documentation that: 1. The incident was reported to the Licensing Authority with in 24 hours or the next business day if a holiday or weekend.	A 032		

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A 032	Continued From page 10 2. The facility: a. Conducted an internal investigation. b. Completed a (5) five day follow up investigation report and submitted it to the Licensing Authority. C. On 02/19/20 at 1:13 pm, during an interview with Administrator #2, she confirmed that on 01/26/20 R #1 had an unwitnessed fall with injury and was transported to the hospital, required surgical intervention and had not been reported, investigated, and a follow-up report was not submitted to the Licensing Authority, as required by regulation.	A 032		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to	A 034		

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A 034	Continued From page 11 forms. (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. (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. (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. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (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: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (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	A 034		

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A 034	Continued From page 12 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. (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. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to 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. (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. (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] This REQUIREMENT is not met as evidenced by:	A 034		

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BEE HIVE HOMES OF ALBUQUERQUE - WEST	6000 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120

(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 034	Continued From page 13 7.8.2.34 B (2) Based on record review, observation, and interview, the facility failed to ensure for 3 (R #s 5-7) of 7 (R #s 1-7) residents whose narcotics were observed were properly stored and inventoried in a manner to enable accurate reconciliation pursuant to Board of Pharmacy Regulations 16.19.11.10 NMAC. This deficient practice could likely cause all residents to be risk for injury or harm if narcotic medications are missing and/or not being available due to lack of accurate reconciliation. The findings are: A. On 02/20/20 at 1:30 pm, during observation of narcotic medication count, it was discovered that the following resident's prescribed narcotic medications were not being reconciled daily: [redacted] B. On 01/20/20 at 1:51 pm, during an interview, the Administrator confirmed the above listed narcotic medications for R #s 5, 6, and 7 were not being counted/reconciled daily.	A 034	(A034) The medications referred to were extra and were being kept in a locked cabinet outside the medication storage cart. The facility has obtained and installed in the medication cart, an additional locking box for controlled medications. Now all controlled medications are stored in one location and will be counted and reconciled daily. The facility pharmacy consultant will monitor and note compliance on a quarterly basis.	03/10/20
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	A 035		

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A 035	Continued From page 14 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. 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	A 035		

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A 035	Continued From page 15 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 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	A 035		

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A 035	Continued From page 16 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 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.	A 035		

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A 035	Continued From page 17 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 (4) Based on record review and interview, the facility failed to ensure for 4 (R # 1-4) of 4 (R #s 1-4) residents whose Medication Administration Records (MARs) were reviewed for compliance included the diagnosis/reason for the medications. This deficient practice could likely result in harm for all residents if the Direct Care Staff (DCS) and residents do not know what condition the medication is being used to treat. The findings are: A. Record review of R #1's February, 2020 MAR revealed that the following medications were missing the diagnosis/reason for: [redacted]	A 035	(A035) All medication orders for these residents have been corrected to note the reason or diagnosis for each medication. The facility house manager will enter all medications with a diagnosis or reason going forward. If no diagnosis or reason is given initially, the house manager will consult that residents physician to obtain it. The facility pharmacy consultant will monitor and note compliance on a quarterly basis.	03/10/20

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A 035	Continued From page 18	A 035		

[redacted]

B. Record review of R #2's February, 2020 MAR revealed that the following medications were missing diagnosis/reason for:

[redacted]

C. Record review of R #3's February, 2020 MAR revealed that the following medications were missing diagnosis/reason for:

[redacted]

D. Record review of R #4's February, 2020 MAR revealed that the following medications were missing diagnosis/reason for:

[redacted]

E. On 02/19/20 at 3:40 pm, during an interview with Administrator #2, she confirmed the above

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A 035	Continued From page 19 listed medications were missing the diagnosis/reason for on R #s 1-4 February 2020 MAR.	A 035		