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	3004	A. BUILDING: _____ B. WING _____	C 04/10/2017

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BEEHIVE HOMES OF FOUR HILLS 2	13450 WENONAH SE ALBUQUERQUE, NM 87123

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A 000	Initial Comments The following deficiencies were cited as a result of a complaint survey completed on 04/10/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint# NM00030186 was substantiated with deficiencies cited.	A 000		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care;	A 017		

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A 017	Continued From page 1 (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 C (10) Based on record review and interview the facility failed to ensure that 1 (DCS #1) of 1 (DCS #1) Direct Care Staff whose employee file was reviewed for staff training had completed the 12 hours of orientation training. This deficient practice has the potential for all 14 (R #s 1-14) residents identified on the resident census list provided by the Administrator on 03/29/17 to be at risk of harm or injury if staff have not received training on the proper methods of providing care, and services. The findings are: A. Record review of DCS #1's [Name of Facility] Orientation Training Manual dated January, 18 [no year] revealed, no training or a quiz was received for Emergency Procedures. On page 28, only has written: "Emergency Procedures In-service #10" and page 29 only has written: "Quiz - Emergency Procedures." There is no written information of training on page 28 and no written information for Quiz on page 29.	A 017		

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A 017	Continued From page 2 B. On 04/10/17 at 9:45 am, during an interview with the Operations Manager, she confirmed that DCS #1 did not receive the facility's Emergency Procedures training for orientation.	A 017		
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; (8) mood and behavior; (9) activity interests;	A 025		

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A 025	Continued From page 3 (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 B E Based on record review and interview, the facility failed to ensure that for 1 (R #1) of 1 (R #1) resident reviewed for compliance had an updated evaluation. This deficient practice can potentially cause harm to the resident by not having updated medical information for the staff to provide correct	A 025		

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A 025	Continued From page 4 care. The findings are: A. Record review of R #1's evaluation 12/26/16, revealed that under the section of "Ambulation and falls", there was no change noted since R #1's incident where she broke her toe on 11/10/16 verify year. The latest update on her evaluation was dated 12/26/16, but no changes were made on the evaluation referencing the broken toe. B. Record review of R #1's evaluation, revealed that the original date of the evaluation was on 07/05/16. The evaluation shows that it was updated twice, on 09/26/16 and again on 12/26/16, 5 months past the 2nd update. In addition, the signature on the evaluation was on 07/25/16, and no other signatures are on the evaluation, and it was not signed or reviewed by a nurse. C. On 03/29/17 at 11:45 am, the House Manager confirmed that the evaluation for R #1 was not updated to show the change in her condition of a broken toe, that the evaluation was over 5 months late and not signed or reviewed by a nurse.	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. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.	A 026		

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A 026	Continued From page 5 (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 (3) Based on interview and record review, the facility failed to ensure for 1 of 1 resident (R #1) whose Individual Service Plan (ISP) was reviewed for	A 026		

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A 026	Continued From page 6 accuracy, had been revised when there was a change in condition. The facility was also 79 days late between ISPs. These deficient practices can cause harm to the residents if the Direct Care Staff (DCS) providing care/assistance to the residents do not have accurate and current information on the residents ISP to review. The findings are: A. Record review of R #1's ISP dated 03/25/17 revealed there was no mention of injuries to R #1's foot, (broken toe) that occurred on November 10, 2016 or ways to avoid re-injuring her foot or any transferring techniques. B. Record review of R #1's ISP dated 07/05/16 revealed that the information under mobility was inaccurate. The information was written under the wrong heading and it was not corrected on ISP dated 07/05/16, until the ISP was signed on 03/29/17, a few minutes after the initial document was requested. C. Record review of R #1's ISP dated 07/05/16 and ISP dated 03/25/17 revealed that is was 79 days past the 6 months for review. D. On 03/29/17 at 11:41 am, during interview with DCS #2, she confirmed that the ISP for R #1 was not updated to reflect R #1's broken toe injury to her foot, her older ISP dated 07/05/16, the information regarding mobility was inaccurate, and that it was 79 days late.	A 026		
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care	A 031		

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A 031	Continued From page 7 practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32. A Based on record review and interview the facility failed to ensure that a primary care practitioner (PCP) or a designated person was contacted for an emergency. This deficient practice has the potential for all 14 (R #s 1-14) residents identified on the resident census list provided by the House Manager on 03/29/17 to be at risk of harm or	A 031		

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A 031	Continued From page 8 death, if necessary life saving medical attention is delayed. The findings are: A. Record review of Licensing Authority Incident report received 11/14/16, revealed, that Direct Care Staff (DCS) #1 noticed the cut on R #1's foot at 12:30 am, and no contact was made to family members and management until 7:30 am. B. Record review of facility's Policies and Procedures (no date) - All Incidents Protocol on page 53, states: "Make the proper notifications (POA (Power of Attorney), Doctor, House Manger, Administrator, Nurse). C. On 03/29/17 at 9:10 am during an interview with DCS #1, she confirmed that she saw R #1's foot was bleeding at the time of her rounds at 12:30 am. She did not want to call anybody because it was late. D. On 03/30/17 at 12:45 pm, during an interview with the Operations Manager, she confirmed that DCS #1 did not contact family or management at 12:30 am when she noticed the cut on R # 1's foot, and that contact was not made until 7:30 am to Management and a family member.	A 031		
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	A 032		

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A 032	Continued From page 9 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 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) Based on record review and interview the facility failed to conduct and document an investigation of a reportable incident. This deficient practice has the potential for all 14 (R #s 1-14) residents identified on the resident census list provided by the House Manager on 03/29/17 to be at risk of harm or death if no plans of actions are in place for prevention of further incidents of neglect, abuse and exploitation from occurring. The findings are:	A 032		

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A 032	Continued From page 10 A. Record review of facility's incident report 5-day follow up for R# 1 dated 11/18/16, revealed no written documentation for an incident that occurred on 11/10/16: 1. An investigation conducted for the incident; 2. The result of the facility's investigation; 3. Plans for further actions in response to the incident. B. On 03/30/17 at 12:30 pm, during an interview with the House Manager, she confirmed that she did not do an investigation into the incident that occurred on 11/10/16 for R# 1, and does not have any written documentation of an investigation, results of an investigation, or further actions in place.	A 032		
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	A 033		

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A 033	Continued From page 11 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 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;	A 033		

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A 033	Continued From page 12 (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; (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	A 033		

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A 033	Continued From page 13 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 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 11 (a) Based on record review and interview the facility failed to ensure that: 1. A primary care practitioner or a designated person was contacted for an emergency. 2. The facility conducted and documented an investigation of a reportable incident. This deficient practice has the potential for all 14 (R #s 1-14) residents identified on the resident census list provided by the House Manager on 03/29/17 to be at risk of harm or death if necessary life saving medical attention is delayed and if no plans of action are in place for preventions of further incidents of neglect, abuse and exploitation from occurring. The findings are: The findings for contacting a designated person for an emergency:	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3004	A. BUILDING: _____ B. WING _____	C 04/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 033	Continued From page 14 A. Record review of Licensing Authority Incident report received date of 11/14/16, revealed, that Direct Care Staff (DCS) #1 noticed the cut on R #1's foot at 12:30 am, and no contact was made to family members and management until 7:30 am. B. Record review of the facility's Policies and Procedures (no date) - All Incidents Protocol on page 53, states: "Make the proper notifications (POA (Power of Attorney), Doctor , House Manger, Administrator, Nurse.)" C. On 03/29/17 at 9:10 am during an interview with DCS #1, she confirmed that she saw R #1's foot was bleeding at the time of her rounds at 12:30 am. She did not want to call anybody because it was late. D. On 03/30/17 at 12:45 pm, during an interview with Operations Manager, she confirmed that DCS #1 did not contact family or management at 12:30 am when she noticed the cut on R #1's foot, and that contact was not made until 7:30 am to Management and family member. The findings for incident investigation E. Record review of facility's incident report 5-day follow up for R #1 dated 11/18/16, revealed no written documentation of an incident that occurred on 11/10/16: 1. An investigation conducted for an incident; 2. The result of the facility's investigation; 3. Plans for further actions in response to the incident. F. Record review of R #1's [Name of Hospital] Medical Documents pages 1-13 Admission date:	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 033	Continued From page 15 11/10/16, Dishcharge date: 11/11/16 revealed, R #1's left foot has a shallow bleeding laceration in the space between the first and 2nd toe approximately 3 centimeters (CM) in length and the toe's are tender and swollen. G. On 03/30/17 at 12:30 pm, during an interview with the House Manager, she confirmed that she did not do an investigation into the incident that occurred on 11/10/16 involving R #1.	A 033		