Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING _____ B. WING _____	09/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BEEHIVE HOMES OF LOS LUNAS	1650 N LOS LENTES LOS LUNAS, NM 87031	01/04/09

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A17	7 NMAC 8.2.17 Personnel 7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following: A. Qualifications for all professional and non-professional disciplines. B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care. C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs. D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to have required staff training for 100% of sampled staff. The findings are: A. On 9/23/08 at 11:00 AM, record review revealed no documentation of Fire Safety, First Aid, Safe Food Handling practices,	A17	Staff training, including at a minimum, an orientation of responsibilities and duties, and an on-going program which includes: fire safety, first aid, safe food handling practices, confidentiality of records and resident information, infection control resident rights, reporting requirements for abuse, neglect, and exploitation, and providing quality resident care based on resident's current needs, will be provided for all employees. Starting immediately, all employee training will be documented in the employee files, the in-service training files, and in the staff meeting files when appropriate. An on-going program for training will be put in place, with the correct documentation for all employees, and will be monitored by the manager or designated employee to insure all employees are receiving the proper on-going training. All employees will receive training on fire safety, and the reporting requirements for abuse, neglect, and exploitation for the current calendar year.	01/04/09

Scanned 10/9/08 JL

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: administrator — (X6) DATE: 10/6-08

STATE FORM 6899 — 3533 — If continuation sheet 1 of 15

RECEIVED OCT 2008 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

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A17	Continued From page 1 Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation training for staff members for the current calendar year. B. On 9/23/08 at 11:00 AM during an interview with the Manager, she acknowledged that the employees were not yet trained but would address the issue.	A17		
A19	7 NMAC 8.2.19 Admissions 7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18). A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with: (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern.	A19		

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A19	Continued From page 2 B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following: (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. (4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold. (5) Any condition requiring either physical or chemical restraints. (6) Nasogastric tubes / gastric tubes. (7) Tracheostomy care. (8) Individuals presenting an imminent physical threat or danger to self or others. (9) Individuals whose physician certifies that placement is no longer appropriate. C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must: (1) Convene a team, comprised of: (a) The facility director. (b) The resident. (c) The resident's agent, guardian or surrogate decision maker. (d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker.	A19		

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A19	Continued From page 3 (e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable. (f) Other appropriate health care professionals. (2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must: (a) Be based upon a individual service plan which identifies the resident's specific needs and addresses the manner that such needs will be met. (b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSES). (c) Be based upon an assessment of the health, safety and well-being of the other facility residents. (d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents. (3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97;7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00] This REQUIREMENT is not met as evidenced by:	A19		

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A19	Continued From page 4 Refers to 7.8.2.19(C)(2) - Admission/Retention Exceptions documentation Based on record review and interview, the facility failed to maintain all documentation of a comprehensive team meeting in which all required parties were present for residents receiving the services from another entity (Resident #'s 1-#3). The findings are: A. On 9/23/08 at 10:55 AM during review of the resident files, it was noted that Resident #1-#2's (who both reside at the facility and are receiving services from a Hospice agency) file did not contain the team sign in roster for Admission/Retention meeting and the entire careplan for all services being received from all involved entities. On 9/23/08 at 10:55 AM during review of the resident files, it was noted that Resident #3's (who resides at the facility and is receiving services from a Home Health agency) file did not contain the team sign in roster for Admission/Retention meeting and the entire careplan for all services being received from all involved entities. B. On 9/23/08 at 12:01 PM during interview with the Manager, she stated that she would address all careplan issues individually in meetings held for all such residents.	A19	Admission/Retention Exceptions documentation will be provided for all residents being re-admitted or remaining in the facility. Documentation of the comprehensive team meeting where all required parties are present will be provided, including a team sign-in roster and the entire care plan for all services being provided by all the involved entities. The missing documentation, as listed above, will be supplied for those residents currently residing in the facility (residents #1, #2, and #3), and any new residents that are an Admission/Retention Exception shall have the proper documentation and care plan as they begin receiving services from outside sources.	01/04/09
A45	7 NMAC 8.2.45 Heating, Ventilation & Air-Conditioning 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished,	A45		

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A45	Continued From page 5 installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger	A45		

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A45	Continued From page 6 from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45(A) - Fuel-Fire Heating System Inspection Based on record review and interview, the facility failed to have documentation of annual fuel fire heating system inspection. The findings are: A. On 9/23/08 at 10:05 AM during review of the administrative files, no documentation of a fuel fire heating system inspection was found. B. On 9/23/08 at 10:05 AM during interview with the Manager, she stated that she did not have any paperwork on fuel fire heating inspection.	A45	A fuel fire heating system inspection will be performed, and annually thereafter. Documentation will be provided for the fuel fire heating system inspection.	01/04/09
A62	7 NMAC 8.2.62 Fire Extinguishers 7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire	A62		

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A62	Continued From page 7 fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.62 - Fire Systems and Equipment Inspection Based on record review and interview, the facility failed to ensure periodic inspection of facility fire systems and equipment. The findings are: A. On 9/23/08 at 11:22 AM during review of administrative files, there was no evidence of fire systems and equipment. B. On 9/23/08 at 11:23 AM during interview with the Manager, she stated that she would have the systems inspected.	A62	The facility will have an inspection performed in this calendar year with the proper documentation, and will ensure the annual inspection of the fire systems and equipment, and provide the necessary documentation as evidence.	01/04/09
A63	7 NMAC 8.2.63 Staff & Resident Fire & SafetyTraining 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed 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 must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose	A63		

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A63	Continued From page 8 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 must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to have required fire safety training for 100% of sampled staff. The findings are: A. On 9/23/08 at 11:00 AM, record review	A63		

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A63	Continued From page 9 revealed no documentation of Fire Safety training for staff members for the current calendar year. B. On 9/23/08 at 11:00 AM during an interview with the Manager, she acknowledged that the employees were not yet trained but would address the issue.	A63	Fire safety training will be required of all employees. All employees will receive fire safety training in the current calendar year. Documentation will be provided for each individual employee receiving this training.	01/04/09
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.1.9.8 - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - All applicants to whom an offer of employment is made must consent to a nationwide and statewide screening. Based on record review and interview, the facility failed to have documentation that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program	A66		

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A66	Continued From page 10 (CCHSP) for 100% of employee files reviewed. The findings are: A. On 9/23/08 at 10:30 AM during review of employee records, it was noted that Staff did not have on file a CCHS screening on file subsequent to hire within the required timeframes or documentation of a full or partial Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframes. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue. Refer to NMAC 7.1.13.9(B)(2) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Reporting Requirements using Division Incident Report Form Based on record review and interview, the facility failed to ensure that the most current incident reporting form was available for use by staff of the facility. The findings are: A. On 9/23/08 at 10:30 AM during review of the administrative files, it was noted that the required form for documentation for abuse, neglect and exploitation, and reporting requirements was not among facility paperwork.	A66	A New Mexico Caregivers' Criminal History Screening shall be provided on all current employees. This shall be done in the current annual calendar year. Documentation will be provided in staff member files. All new employees will be screened within the required timeframes, and proper documentation will be provided in their files.	01/04/09

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A66	Continued From page 11 B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue. Refer to NMAC 7.1.13.10(C)(1)(a-f) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Incident Management System Training Curriculum Requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. Based on record review and interview, the facility failed to ensure training on the 2009 Incident Management System with the required curriculum for 100% of staff. The findings are: A. On 9/23/08 at 10:30 AM during review of the employee files it was noted that the required training documentation for abuse, neglect and exploitation, and reporting requirements for NMAC 7.1.13 was not among administrative paperwork. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the issue and stated that she would address the issue.	A66	The most current incident reporting form will be made available for staff use. Training will be provided for all employees on the 2009 Incident Management System. Training will include requirements on incident policies and procedures, timely reporting, unexpected deaths and other reportable incidents. The proper training documentation for abuse, neglect, and exploitation will be placed in each employee file.	01/04/09 01/04/09

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A66	Continued From page 12 Refer to NMAC 7.1.13.10(C)(2-3) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to train new employees within 30 days of hire and current employees within 90 days of the effective date of this ruling. Based on record review and interview, the facility failed to ensure required training within the time frames set in accordance to regulations set forth in the Incident Reporting, Intake, Processing and Training Requirements (NMAC 7.1.13, effective February 28, 2006) for 100% of staff. The findings are: The findings are: A. On 9/23/08 at 10:30 AM during review of the employee files it was noted the following required training documentation was missing: - NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with dates of training for 2009. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue. Refer to NMAC 7.1.13.10(D) Incident Reporting,	A66	All current employees will receive the required training on Incident Reporting of abuse, neglect, and exploitation for 2009. This will be completed within the current annual calendar year. All subsequent new employees will receive the required training within 30 days of hire. All training on Incident Reporting will be properly documented, including dates of training, in the employee files.	01/04/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING _____ B. WING _____	09/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF LOS LUNAS	1650 N LOS LENTES LOS LUNAS, NM 87031

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A66	Continued From page 13 Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees Based on record review and interview, the facility failed to ensure required documentation of training on incident reporting for 2009 per NMAC 7.1.13 requirements for 100% of staff. The findings are: A. On 9/23/08 at 10:30 AM during review of the employee files it was noted the following required training documentation was missing: - NMAC 7.2.13 regulatory training abuse, neglect and exploitation, and other reporting requirements documents or certificate of attendance with training dates for 2009. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue. Refer to NMAC 7.1.13.10(E) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Consumer and Guardian Orientation Packet Based on record review and interview, the facility failed to ensure that documentation of notice to family members and/or guardians regarding incident reporting information was in 100% of sampled resident files. The findings are:	A66	We will maintain documentation of training on incident reporting for 2009, including training dates for all employees.	01/04/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2116	A. BUILDING _____ B. WING _____	09/23/2008

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A66	Continued From page 14 A. On 9/23/08 at 10:30 AM during review of resident files, it was noted that none of the files reviewed had documentation of notification to family members/guardians regarding incident reporting. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue. Refer to NMAC 7.1.13.10(F) - Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Posting of Incident Management Information Poster Based on observation and interview, the facility failed to ensure that the division Incident Management Information poster was posted as required. The findings are: A. On 9/23/08 at 10:10 AM and throughout the course of the survey, it was noted that the 2009 Incident Management Information Poster was not seen posted anywhere in the facility. B. On 9/23/08 at 12:00 PM during an interview with the Manager, she acknowledged the matter and stated that she would address the issue.	A66	Notice and documentation regarding incident reporting will be provided to family members/guardians of all residents in the facility. The documentation will be found in the resident files. The facility will post the current division Incident Management Information Poster for 2009.	01/04/09 01/04/09