Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIC B. WING _____	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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 01	OPENING REMARKS Surveyor: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 12/11/08 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A52	7 NMAC 8.2.52 Separation of Sleeping Rooms 7.8.2.52 SEPARATION OF SLEEPING ROOMS: A. All sleeping rooms shall be separated from escape route corridors by walls and doors that are smoke resistant. There shall be no passages, louvers, or transfer grills penetrating the wall to other spaces in the building. B. All sleeping rooms shall be provided latches or other mechanisms suitable for keeping the doors closed. C. Every sleeping room shall have access to a primary means of escape located to provide a path to the exterior, without exposure to unprotected vertical openings. Where sleeping rooms are above or below the level of exit discharge, the primary means of escape shall be; (1) Enclosed interior stairway; or (2) Exterior stair; or (3) Horizontal exit; or (4) existing approved fire escape stair. D. Every sleeping room shall provide a secondary means of escape which may be any one of the following: (1) A door leading directly to the outside, at or to grade level; or (2) Door, stairway, passage or hall remote from the primary escape and to the exterior; or (3) An outside window or door, operable	A52		

Scanned 1-7-09 CR

RECEIVED DEC 30

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Crystal Gutierrez-Baca TITLE House Manager (X6) DATE

Received 12/22/08
CR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING _____	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A52	Continued From page 1 without tools from the inside with a minimum clear opening of twenty (20) inches wide by twenty-four (24) inches high. The bottom of the opening from the floor is a maximum of forty-four (44) inches. The means of escape is acceptable if the bottom of the window is no more than twenty (20) feet above grade or is accessible to fire department rescue apparatus approved by the authority having jurisdiction, or it opens onto an exterior balcony; or (4) Bars, grills, grates or similar devices may be installed on emergency escape or rescue windows or doors only if equipped with release mechanisms which are operable from the inside without the use of a key or special knowledge or effort. E. Stairways and other vertical openings between floors are enclosed with construction providing a smoke and fire resistance rating of not less than twenty (20) minutes. Open stairways between floors are not permitted. [9-4-6, 7-1-86, 1-11-90, 4-7-97; 7,8,2,52 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation and staff interview, the facility's practice failed to ensure all sleeping rooms are separated from escape route corridors by walls and doors that are smoke resistant, affecting eight (8) resident bedrooms . The licensed capacity of the facility is 16, and the census during the time of survey was 11. The findings are: On December 11, 2008, during a tour of the facility with the House Manager, the Life Safety Code Surveyor observed the following: 1. There are transfer grills measuring twelve	A52	Transfer Grills located above doors #6, #7, #8, #10, #11, #12, #14 and #15 will all be covered with a panel that prevents air flow or smoke transfer from entering room or exiting room. The house manager will ensure that the panels remain in place. The deficiency is corrected as of 12/30/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A52	Continued From page 2 (12) inches by sixteen (16) inches located above the doors leading into resident bedrooms #6, #7, #8, #10, #11, #12, #14, #15. a. These transfer grills would not prevent the passage of smoke from the corridor into the resident bedrooms. 2. The House Manager acknowledged the above findings at the exit conference on 12/11/08. The House Manager stated the facility was unaware of the issue and that they would let management know of the concern.	A52		
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing.	A60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A60	Continued From page 3 (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 NFPA 72, 1999 Edition: Section 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system. Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours. Based on observation and record review, the facility's practice failed to ensure that the fire alarm system and its components are inspected in accordance with NFPA 72 (National Fire Alarm Code) potentially affecting staff and residents throughout the facility. The licensed capacity of the facility is 16, and the census during the time of survey was 11. The findings are: 1. On 12/11/08 at 1:45 pm, evidence indicating the fire alarm system is inspected at least annually was not available for review.	A60	On 10/21/08 an annual inspection was conducted by Brazas Fire & Safety Equipment Company. Brazas inspector (Troy) left an invoice indicating an inspection was conducted but he didn't leave a report.On 8/19/08 ACT alarm Control conducted a fire alarm and detection summary (report attached). ~~The deficiency is corrected as of 12/30/08~~	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A60	Continued From page 4 a. No further evidence was available for review. b. During interview at this time, the House Manager stated the fire alarm inspection report may not have been placed in the house book. The House Manager acknowledged this finding and agreed to address the concern.	A60		
A61	7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System 7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Reference NFPA 101, 1997 Edition: Section 7-7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be installed, tested, and maintained in accordance with NFPA 25, (Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems). Reference NFPA 25, 1998 Edition: Section 1-8. Records. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and	A61		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A61	Continued From page 5 preaction valves. Reference NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience. Reference NFPA 25, 1-4.4 The owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. Based on record review and staff interview, the facility's practice failed to provide documentation of quarterly testing, and to ensure the sprinkler system was inspected in accordance with NFPA 25, (Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems), potentially affecting residents and staff throughout the facility. The licensed capacity of the facility is 16, the census during the survey	A61		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIC B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A61	Continued From page 6 was 11. The findings are: On December 11, 2008, during a review of facility records with the House Manager, the Life Safety Code Surveyor observed the following. 1. At 1:30 pm, there was only one quarterly fire sprinkler inspection report available for review. a. The only fire sprinkler inspection report in evidence was dated 07/21/08. b. There was no further evidence available for review. c. The House Manager acknowledged this finding at the exit conference on 12/11/08. The House Manager also stated that the facility was unaware the fire sprinkler system was required to be inspected on a quarterly basis.	A61	management was unable to locate anything in the NFPA 25 guidelines that references a quarterly inspection of the fire sprinkler system. It is our understanding that this is to be done on an annual basis. Please provide a reference to the regulation and we will comply with a quarterly inspection of the fire sprinkler system.	
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 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:	A62		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A62	Continued From page 7 Surveyor: 21700 Reference Tag B. FIRE EXTINGUISHERS: Reference NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) * Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or " hefting " (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place Based on observation, the facility's practice failed to ensure that all portable fire extinguishers are inspected monthly, documented and maintained in accordance with NFPA 10, (Standard for Portable Fire Extinguishers), potentially affecting	A62		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A62	Continued From page 8 all residents, staff and occupants of the facility. The licensed capacity of the facility is 16, the census during the survey was 11. The findings are: 1. On 12/11/08 at 2:20 pm, during a tour of the facility with the House Manager, the surveyor observed that one (1) of three (3) portable fire extinguishers located throughout the facility were not inspected at least every month (not to exceed 30-days) by staff. a. The fire extinguishers located at the kitchen was last initialed with a monthly inspection date of October 31, 2008. b. At this time, the House Manager acknowledged the finding and agreed to address the concern.	A62	Portable fire extinguishers will be checked and maintained monthly effective December 2008. This will be conducted by the House Manager. The deficiency is corrected.	
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 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	A63		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A63	Continued From page 9 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: Surveyor: 21700 Based on record review, the facility failed to conduct at least one (1) fire drill each month to assure preparedness for emergency response. Fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice has the potential to affect all staff and residents throughout the facility. The licensed capacity of the facility is 16, and the census during the time of survey was 11. The findings	A63		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIO B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A63	Continued From page 10 are: On December 11, 2008, during review of records and documentation with the House Manager, the Life Safety Code Surveyor observed the following: 1. At 2:00 pm, there was no evidence of a fire drill being conducted for the month of August 2008. a. There was no further evidence available for review. b. The House Manager acknowledged this finding at the exit conference on 12/11/08. 2. At 2:15 pm, there was no evidence of fire drills being conducted for the grave yard shift (11:00 pm to 7:00 am), between the dates of 01/14/07 and 10/30/08. a. There was no further evidence available for review. b. The House Manager acknowledged this finding at the exit conference on 12/11/08.	A63	Our facility conducts monthly fire drills. House manager started including graveyard shift in the drill October 2008 and will continue to include this shift every 90 days. Next graveyard drill will be conducted January 23rd 09. The deficiency is corrected.	
A64	7 NMAC 8.2.64 Smoking 7.8.2.64 SMOKING: A. Smoking by residents and staff must only be done in supervised areas designated by the facility and approved by the State Fire Marshall or local fire prevention authorities. Smoking must not be allowed in a kitchen or food preparation areas. B. All designated smoking areas must be provided with suitable ashtrays. C. Residents must not be permitted to smoke in their sleeping rooms. D. Smoking must not be permitted where oxygen is in use or stored. [9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7	A64		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING 01 - BEE HIVE HOMES OF RIC B. WING	12/11/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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
A64	Continued From page 11 NMAC 8.2.64, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation, the facility's practice failed to ensure that self-closing metal containers are provided for the disposal of cigarette butts. This deficient practice affects staff and residents throughout the facility. The licensed capacity of the facility is 16, and the census during the time of survey was 11. The findings are: On December 11, 2008, during a tour of the facility with the House Manager, the Life Safety Code surveyor observed the following. 1. At 3:20 pm, the smoking area located at the front porch of the facility was not provided with an acceptable ash tray. a. Based on observation, there was a plastic coffee can with several burnt cigarette butts in it. b. The House Manager acknowledged this finding at the exit conference on 12/11/08.	A64	Self-Closing metal container is now provided for cigarette butts in the designated smoking area. The House Manager will ensure it remains in place. This deficiency is corrected as of 12/30/08	