Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2179	A. BUILDING: _____ B. WING _____	C 11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF SANTA FE	3838 THOMAS ROAD SANTA FE, NM 87507

(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 A complaint investigation was completed for intake NM #29584 on 11/14/14 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. The Complaint was substantiated with the following deficiency cited.	A 000	Scanned 02-12-15 J.D	
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated	A 020	A-020 Resident #1 With UTI Caused by VRE Bacteria Was transfered to anotner Facility. Beehive Homes Consulting RN Will Review all Medication orders upon Admission or When Altered by a Dr. in order to prevent a Similar	11/20/14

HEALTH FACILITY LICENSING & CERTIFICATION BUREAU RECEIVED FEB 06 2015

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A 020	Continued From page 1 if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:	A 020	Continued A020 oversight. Any Resident with a Communicable Disease will be treated with Isolation techniques until Disease has been Cleared. Facility will follow all Regulations as they pertain to the Restrictions to Admission and the Excertons	

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A 020	Continued From page 2 (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. 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 remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the	A 020	Continued A020 to those Admissions IE proper coordinated Care. Any Communicable Disease that presents itself will be Dealt with by the Facility by getting them Immediate Medical Attention and Isolation Techniques when Appropriate.	

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A 020	Continued From page 3 resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]	A 020	Continued A 020 Members of our Residents Family will be better Educated about the limitations that we have as a licensed Assisted living Home.	

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A 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: The following deficiency refers to paragraph 7.8.2.20 B(9): Based on record reviews and interviews, the facility failed to identify that 1 Resident (R) #1 of R #1 had a vancomycin resistant enterococcus or VRE urinary tract infection (UTI). (This bacteria is resistant to one of the strongest antibiotics, Vancomycin.) The VRE infection requires contact isolation, i.e. the use of gloves and gowns when touching the resident. The identification of the infection would have precluded admission because residents with a diagnosis that require isolation techniques also require nursing care. This knowledge deficit and deficiency also prevented the facility from implementing contact precautions to protect the facility's 9 other residents (R #1-9). (Contact precautions is a standard method to prevent cross contamination for Nursing and Medicine.) The purpose of contact precautions is to protect staff from contracting and spreading the resistant infection to others, especially other residents. The findings are: A. Record review of the facility resident record indicated R #1 was admitted to the facility on 10/11/13. B. Record review of the facility medical record for R #1 indicated results for R #1's urine culture, dated 12/29/13, was positive for Vancomycin Resistant Enterococcus (VRE) faecium, a contagious and resistant organism. C. The last Culture and Sensitivity for R #1,	A 020		

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A 020	Continued From page 5 which identifies antibiotics that can be used to treat the bacteria identified, in facility medical record, was dated 10/14/14. It indicated a positive urinary tract infection with Escherichia Coli, a common UTI bacteria. (Any infection requires the use of contact precautions to preventing spreading the infection.) (Critical Care Nursing, Mosby, 2006). D. On 11/12/14 at 1:30 pm, during interview, Doctor #1 (D#1) stated, "The daughter is a nurse. I saw [Name of R #1] and [the daughter] twice this year, on 01/21/14 and 03/24/14. I saw [Name of R #1] as an outpatient. I ordered her to be hospitalized for urinary tract infections (UTI) and low oxygen at a local hospital. I have not seen her since. I have had periodic contact with the daughter. [Name of R#1] has had a number of hospitalizations for UTI's. Her inpatient records document that she had one or two hospitalizations in Maryland (for the same urinary tract infection). She had a vancomycin resistant enterococcus (in her urine). The daughter asked me if I would give her a referral to [Name of D #2], an infectious disease specialist in Santa Fe (to treat the resistant infection). He saw the patient, and she received orders for the bladder irrigations for a time." None of this information was communicated to the facility by the daughter, nor did the facility nurse inquire into what the daughter was doing for [Name of R #1]. E. On 11/12/14 at 1:45 pm during interview, the Administrator stated, "The treatments that the daughter provided to [Name of R #1] were unknown to me until she showed them to the ombudsman. I was not in the meeting but the facility manager told me that when the Ombudsman came out of the room she was upset. She had witnessed a treatment in which the daughter was irrigating her mother's body with	A 020		

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A 020	Continued From page 6	A 020		

antibiotics. The facility manager stated that she looked through the patient's file and they had no orders for treatment. The daughter would go in the room, lock the door, and say she was providing a treatment. We were unaware of what the treatment was except to say it was to control [Name of R #1's] UTI."

F. On 11/12/14 at 2:40 pm during interview, D #2 stated he last saw R #1 on 06/2014. He said, "I treated [Name of R #1] for a UTI using intra-vesical infusion (bladder irrigation) with antibiotics because of the difficulties she was having with oral or intravenous antibiotics. This treatment is not the standard of care. I could not provide oral or intravenous antibiotics. She did have an order from me at one point in time. On 05/21/14, I gave her a 10 day order for treatment of her UTI."

G. On 11/13/14 at 3:00 pm, during interview, the facility manager stated, "We have only this one prescription signed by [Name of D #3] dated 01/31/14 for the antibiotic formula the daughter was infusing.." She admitted that the staff Registered Nurse (RN) had not coordinated or reviewed R #1's medication record. She reaffirmed that the daughter would close the door during the infusion process and that the daughter never explained what she was doing. She also confirmed that the daughter never supplied the prescriptions to the facility.

H. On 11/13/14 at 3:15 during interview, the facility administrator was asked if the facility had any isolation procedures for VRE and he responded, "No." When asked if he had reviewed the applicable New Mexico state regulation regarding admissions of appropriate conditions, he stated he was unaware of the restrictions on residents with a diagnosis that would require nursing care. He said, "We have no policy for an isolation room for residents with resistant

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A 020	Continued From page 7 infections such as [Name of R #1] had, we just gloved up when we changed her."	A 020		