

CHECKED NOV 6 - 2006

PRINTED: 10/13/2006
FORM APPROVED

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2006
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF RIO RANCHO II		STREET ADDRESS, CITY, STATE, ZIP CODE 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
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 produce TB test results for 7 out of 7 reviewed employee files. The findings are: 1. A record review of employee files found no evidence of TB tests. 2. During interview with Administrator, she confirmed "no employees" files had TB test	A17	<i>TS have been done on 9/25/06 and they will continue to be done. TB test are not a state Requirement. For Rachel Morehead Lopez</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE



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If continuation sheet 1 of 9

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A17	Continued From page 1 results "	A17	She is suppose to send us documentation. <i>Robinson</i>	
A24	7 NMAC 8.2.24 PETS 7.8.2.24 PETS: Pets are permitted in a licensed facility, in accordance with the facility's rules. A. Pets are not permitted in the kitchen or food preparation areas. B. Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on file in the facility [7-11-86, 4-7-97; 7.8.2.24 NMAC - Rn, 7 NMAC 8.2.24, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide proof of vaccination for cat. The findings are: 1. During walk through of facility, a cat was observed in room # 2. 2. During interview with Resident residing in Room #2, she stated that the cat belonged to her. 3. Record review produced no proof of the cat ' s vaccination. 4. During interview with Administrator, she said she would get a copy of the cat ' s vaccination.	A24	The family had the vaccination sheet in a separate file and thought it was already here. The sheet is now in her chart under misc. on the folder the documentation will be here before the animal. <i>9/5/06</i>	
A32	7 NMAC 8.2.32 HANDLING OF EMERGENCIES 7.8.2.32 HANDLING OF EMERGENCIES: A. Each resident or resident representative shall designate upon admission, a physician to be called in case of medical necessity. Each resident or representative may also designate a concerned person to be called in case of an	A32	The phone # sheets where in a door next to the phone in the kitchen. I showed it to the inspector. Not	

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A32	Continued From page 2 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, an appropriately licensed health professional must be notified by the facility. B. The facility must have available, a first aid kit containing gauze, tape, adhesive, antiseptic, and bandages for emergencies. The first aid kit must be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone for summoning help in case of an emergency must be available in each facility. A pay telephone will not fulfill this requirement. D. A list of emergency numbers, including, but not limited to, Fire Department, Police Department, Ambulance Services, Poison Control, Licensing and Certification, Adult Protective Services, and Ombudsman must be posted near each public telephone in the facility. [7-1-64, 9-15-70, 5-26-72, 7-19-75, 9-24-76, 7-11-86, 1-1-90, 4-7-97; 8.2.32 NMAC - Rn, 7 NMAC 8.2.32, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to have a list of emergency phone numbers near each phone. The findings are: 1. During a walk through of the facility, no signage was observed by the phones. 2. Based on observation and interview, the facility failed to have a list of emergency phone numbers near each phone.	A32	The emergency sheets are on the wall at the desk next to the dining room phone. By the sink in the kitchen by the door through and in the office next to calendar on the wall. On the further number will be on the wall from the beginning not undrawn. <i>9/27/06</i>	
A33	7 NMAC 8.2.33 REPORTING OF INCIDENTS 7.8.2.33 REPORTING OF INCIDENTS: A. The facility must insure that all suspected	A33		

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A33	Continued From page 3 cases or known incidents of resident abuse, neglect, exploitation, and mistreatment are reported. A facility must 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 and Adult Protective Services (APS) by the next business day. In no instance may a facility delay a report to Adult Protective Services or to the Licensing Authority, while an internal investigation is being conducted. B. The facility is responsible for documenting all incidents, within five (5) days of the incident, and having on file, the following: (1) A narrative description of the incident. (2) Results of the facility's investigation. (3) The facility action, if any. [7-1-64, 9-15-70, 5-26-72, 7-11-86, 4-7-97; 7.8.2.33 NMAC - Rn 7 NMAC 8.2.33, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to indicate the time frame for reporting all suspected incidents to appropriate agencies. The findings are: 1. A record review indicated a reporting procedure that laced a " within the next business day " notification. 2. Administrator said she would correct the problem.	A33	On the guidelines we had typed up Beehive copied the paper from the internet from DOT DAI site. The main office didn't put it within 24hrs on the bottom of page. I hand wrote it on the bottom of page. In the future the main office will proof read in depth. <i>W. Benson</i>	
A36	7 NMAC 8.2.36 MEDICATIONS 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications.	A36		

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A36	Continued From page 4 B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications. C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record. D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects. E. Medications prescribed for one resident shall not be used for another resident. F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is	A36			

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A36	Continued From page 5 discontinued or changed. (10) The name and initials of all staff administering medications. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	A36			

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A36	Continued From page 6 failed to indicate the time frame for reporting all suspected incidents to appropriate agencies. The findings are: 1. A record review indicated a reporting procedure that laced a " within the next business day " notification. 2. Administrator said she would correct the problem. Based on observation and interview, the facility failed to have a thermometer in its medication only refrigerator. The findings are: 1. During observation of medication only refrigerator, no thermometer was located. 2. During interview, an Administrator verified there was no thermometer in the medication only refrigerator. Based on observation and interview, the facility failed to store medications in a separated container with residents ' names. The findings are: 1. During observation an insulin vial was seen in the medication only refrigerator. This vial was not in its own separate container. 2. During interview with Administrator, she confirmed medications were not stored in separate containers. Based on observation and interview, the facility failed to label medications stored in the medication only refrigerator with residents ' name. The findings are: 1. An unlabeled medication (insulin vial) was observed to be next to other residents ' medication. 2. During interview with Administrator, she	A36	There is a thermometer in the med refrigerator only located in the office next to the window. The thermometer was in the supply drawer in the office and was taken out because one of the staff members didn't know it was supposed to be in there. In the future I will let all staff member know what, when and where things go. <i>G. Robinson</i>	

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A36	Continued From page 7 confirmed vial was not labeled per the regulations. Based on record review and interview, the facility failed to document medication administration to resident. The findings are: 1. During review of the Medication Administration Record (MAR), it was discovered that the August 29, 2006, 0800 dose of Aldactone, 25 mg, 1 tablet by mouth, daily dose was not signed off on for Resident # 1. 2. During interview with Administrator, she confirmed staff had not signed off on the MAR.	A36	The insulin vial was marked but not bagged (it was my COOKS insulin) it was bagged in front of the unspetar. In the future there are little buckets for each room for eye drops, suppositories etc.	
A46	7 NMAC 8.2.46 WATER 7.8.2.46 WATER: A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries. B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority. C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97;	A46	#2 the 0800 dose of aldactone was given and Laetta the manger was called into the office when the unspetar blaght that to my attention Laetta stated the buzzer went off and she took care of that came back and didn't sign. She also fixed it in front of unspetar. In the future the person doing meds will not be leaving the post until the task is finished.	

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A46	Continued From page 8 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain water temperature between 95-110 degrees Fahrenheit. The findings are: 1. In 3 out of 3 resident rooms tested, the water temperature was 115 degrees Fahrenheit. 2. An Administrator confirmed the resident room temperatures were higher than those stated in the regulations.	A46	The temps are set between 95-110. D-1 plumbing and heating came out and adjusted the water temps. The temps are getting checked every other week to keep a close eye on the levels. On the first the setting of the temps will be checked daily until regulated. Allabura	

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