

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 11/09/2007
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: Refers to 7.8.2.17(D) - Personnel records Based on record review and interview, the facility failed to ensure that all staff had a tuberculosis (TB) test result on file for 2 of 4 (50%) of employee files reviewed. The findings are: A. On 11/9/07 at 10:35 AM during review of	A17	<i>Violation 7.8.2.17 (D)</i> <i>The staff members that did not have a TB test result have received the test and the results are in their employee files. With future hires, the facility will not allow an employee to work with the residents until the TB test results have been read. This task has been added to the employee checklist for new hires. As of 12/3/07 the violation will be corrected</i>	<i>12/3/07</i>	

Division of Health Improvement

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

TITLE

Administrator

(X6) DATE

11-

STATE FORM

5599

J3BB11

If continuation sheet 1 of 13

DEC - 3 2007

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A17	Continued From page 1 employee files, it was noted that staff with respective hire dates of 8/3/07 and 9/15/07 did not have a TB test result on file. B. On 11/9/07 at 11:20 AM during interview with the House Manager, she acknowledged the problem.	A17		
A27	7 NMAC 8.2.27 INDIVIDUAL SERVICE PLAN 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as noted in the resident assessment. (2) Written description of what services will 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) Goal and outcome of the service. (8) Documentation of the facility's determination that it is able to meet the needs of the resident. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00] This REQUIREMENT is not met as evidenced by:	A27	Violation 7.8.2.27 (A) The facility's RN and the house manager will together perform an audit of each resident's ISP. Those which are 6 months past review will be reviewed + updated. The nurse will sign + date each ISP as indication of her approval. To prevent further violation, each month the house manager will pull a report indicating which ISP's are due for review. This violation will be corrected as of 12-5-2007	12/5/07

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A27	Continued From page 2 Refer to NMAC 7.8.2.27 A. - Individual Service Plan. Based on record review and interview, the facility failed to have licensed personnel review Individual Service Plans (ISP) every 6 months for 2 of 2 (100%) sampled residents (Residents #1 and #2). The findings are: A. On 11/9/07 at 10:32 AM during review of Resident #1's medical record revealed an ISP dated 2/15/07. No evidence of a 6 month update reviewed by licensed personnel was noted on this document. B. On 11/9/07 at 10:34 AM during review of Resident #2's medical record revealed an ISP dated 2/15/07. No evidence of a 6 month update reviewed by licensed personnel was noted on this document. C. On 11/9/07 at 11:11 AM during interview with the House Manager, she acknowledged the problem.	A27			
A35	7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as	A35	Violation 7.8.2.35 (B)(1) The consulting pharmacist will come to the facility on 11/23/2007 to perform the Quarterly pharmacy review. The facility will require our new consultant to review on a quarterly basis	11/23/07	

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A35	Continued From page 3 required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The	A35			

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A35	Continued From page 4 facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35(B)(1) - Quarterly Medication Review by the Consultant Pharmacist Based on record review and interview, the facility failed to ensure that a consultant pharmacist reviewed the medication regimen at least quarterly. The findings are: A. On 11/9/07 at 10:12 AM, during review of the administrative records, documentation of Pharmacist visits was missing for the month of 8/07. B. On 11/9/07 at 11:10 AM during interview with the House Manager, she acknowledged the problem.	A35			

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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. 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.		A36		

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A36	Continued From page 6 (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 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	A36			

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A36	Continued From page 7 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: This is a repeat deficiency from complaint survey dated October 20, 2006 Refers to 7.8.2.36 (C) - Medication regimen continued without physician's orders Based on direct observation, record review and interview, the facility failed to ensure that physician's orders were in the resident record before continuing medication regimen for 50% of sampled residents (Resident #1). The findings are: A. On 11/9/07 at 10:48 AM during medication audit, the following was noted for Resident #1: -No copy of the written physician script was found for the medication Flunisolide (an inhaler) -Observation of the physical medication container in the medication cart read: Flunisolide 250 mg oral inhaler (4 puffs) orally twice daily -Review of the medication administration record (MAR) read: Flunisolide 250 mg oral inhaler 2 puffs at bedtime B. On 11/9/07 at 10:49 AM during medication audit, the following was noted for Resident #1: -No copy of the written physician script was found for the medication Serevent (an inhaler) -Observation of the physical medication in the medication cart did not have a pharmacy label with instructions for its use -Review of the medication administration record (MAR) read: Serevent Diskus 50mcg was to be taken by 1 puff at bedtime	A36	Violation 7.8.2.36 (c) The facility's nurse and house manager will together perform an audit of all residents physician orders, where physician orders are missing, the facility's house manager will obtain those orders by either contacting the responsible party, the doctor, or the pharmacist. The facility will keep the orders in the residents' file. To prevent further violation, the facility will require doctors orders before medication is to be administered. This Violation will be corrected on 12/5/07	12-5-07

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A36	Continued From page 8 C. On 11/9/07 at 10:50 AM during interview with the House Manager, she stated that she is aware of lack of physician's orders for residents. Refers to 7.8.2.36 (F) Inaccurate transcription of prescription information into the Medication Administration Record (MAR) Based on observation, record review and interview, the facility failed to ensure that prescription information was accurately transcribed into the MAR for 50% of sampled residents (Resident #2). The findings are: A. On 11/9/07 at 10:53 AM during review of prescriptions for Resident #2, it read that she was prescribed Nexium 40mg - 1 caplet by mouth daily. B. On 11/9/07 at 10:53 AM during review of the MAR, it read Resident #2 was to receive "Nexium 210mg" - 1 caplet by mouth daily. C. On 11/9/07 at 10:54 AM during interview with the House Manager, she stated that she would correct the problem.	A36	Violation 7.8.2.36 (F) The facility's nurse and the house manager will together perform an audit of each resident's MAR. The MAR will be checked against the prescription dispensing instructions & the doctors order. Incorrect transcription will be corrected. The nurse will sign off on all medication that is properly transcribed. To prevent further violation, the facility nurse will approve all new medications. This action will ascertain that each medication is reviewed by both the house manager and the nurse. The violation will be corrected as of 12-5-2007	12-5-07
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must	A63		

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A63	Continued From page 9 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 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	A63		

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A63	Continued From page 10 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.8.2.63(D) - Failure to conduct monthly fire drills Based on record review and interview, the facility failed to conduct monthly fire drills. The findings are: A. On 11/9/07 at 11:00 AM during review of the administrative files, no documentation of fire drills for 3/07-10/07 was seen. B. On 11/9/07 at 11:16 AM during interview with the House Manager, she stated that fire drills would be conducted in the future.	A63	Violation 7.8.2.63 (D) The Facility will conduct monthly fire drills. Each month the drill will occur on a different shift. Each drill will be documented by the facility. A fire drill was conducted on 11-26-2007	11-26-07
A66	7 NMAC 8.2.66 RELATED REGULATIONS AND 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	A66		

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A66	Continued From page 11 by: Refer to NMAC 7.1.12.8(a) Employee Abuse Registry (Effective January 1, 2006) - Care Provider requirement to inquire of registry prior to offer of employment to applicants. Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked prior to offer of employment for 2 of 4 facility staff (Staff #1 and #2). The findings are: A. On 11/9/07 at 10:36 AM during review of the employee files, it was noted that staff with respective hire dates of 9/20/07 and 8/3/07 did not have on file documentation of search on the EAR database using the individual's identifying information until 11/9/07 and 11/9/07 respectively. B. On 11/9/07 at 11:20 AM during interview with the House Manager, she acknowledged the problem. 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.	A66	Violation NMAC 7.1.12.8(a) Before the facility hires a new employee, the EAR will be checked by the facility administrator. This check will take place before the start date for new hires. This violation is corrected as of 11-26-07	11-26-07

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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		
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A66	Continued From page 12 Based on record review and interview, the facility failed to ensure required training was conducted within the time frames set in accordance with regulations in the incident reporting, intake, processing and training requirements (NMAC 7.1.13, effective February 28, 2006) for 1 of 4 facility staff (Staff #2). The findings are: A. On 11/9/07 at 10:36 AM during review of the employee files, it was noted the following required training documentation was missing: -Staff #2 with a hire date of 8/3/07: abuse, neglect and exploitation, reporting requirements certificate of attendance B. On 11/9/07 at 11:20 AM during interview with the House Manager, she acknowledged the problem.	A66	Violation NMAC 7.1.13.10(C) The facility will conduct a training on the reporting, intake, + processing of incidents. The facility will also conduct a training on Abuse, neglect, + exploitation. Additional training for new hires will take place within 30 days of hire. These trainings will be part of the new employee checklist. Violation is corrected as of 11-30-2007	11-30-07