Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 #NM00027878 for NMAC 7.8.2 regulations governing Assisted Living facilities. The Complaint was Substantiated for allegation of Abuse with deficiencies cited. The alleged perpetrator was referred for placement on the Employee Abuse Registry.	A 000	Deficiencies found in regulations 7 NMAC 8.2.13 - Grounds For Revocation of Licensure, 7 NMAC 8.2.16 - Staff Qualifications, 7 NMAC 8.2.33 - Resident Rights, and 7 NMAC 8.2.70 - Incorporated + Related Rules and Codes is Corrected by the following Plan of Correction: Facility Administrator performed an internal audit of staff files and found that 100% of current employees has a clearance	
A 013	7 NMAC 8.2.13 Grounds for Revocatio, Suspension or Denial GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF INITIAL OR RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the licensing authority determines that an application for the renewal of a license will be denied or that a license will be revoked, the licensing authority shall provide written notification to the facility, the residents and the surrogate decision makers for the residents. B. After notice to the facility and an opportunity for a hearing, the department may deny an initial or renewal application, revoke or suspend the license of a facility or may impose an intermediate sanction and a civil monetary penalty as provided in accordance with the Public Health Act, Section 24-1-5.2 NMSA 1978. C. Grounds for implementing these penalties may be based on the following: (1) failure to comply with any provision of this rule; (2) failure to allow a survey by authorized representatives of the licensing authority; (3) the hiring or retaining of any staff or permitting any private duty attendant or volunteer to work with residents that has a disqualifying conviction	A 013		

Es Scanned 06-01-11

RECEIVED HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 5-27-11

RECEIVED HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 013	Continued From page 1 under the requirements of the Caregiver ' s Criminal History Screening Program, 7.1.9 NMAC; (4) the misrepresentation or falsification of any information on the application forms or other documents provided to the licensing authority; (5) repeat violations of this rule; (6) failure to maintain or provide services as required by this rule; (7) exceeding licensed capacity; (8) failure to provide an acceptable plan of correction within the time period established by the licensing authority; (9) failure to correct deficiencies within the time period established by the licensing authority; (10) failure to comply with the incident reporting requirements pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; and (11) failure to pay civil monetary penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. [7.8.2.13 NMAC - Rp, 7.8.2.13 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.13 - GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES: B. A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing AND	A 013	letter from CCHSP. This audit was performed and concluded on 2-23-2011. To prevent any future deficiency as it applies to CCHSP employee requirements, the facility administrator will conduct monthly audits of staff files. The facility manager will be responsible for ~~printing~~ the finger-printing of all staff. The facility administrator will be responsible for auditing her work on a monthly basis. All fingerprinting of staff will be completed	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 013	Continued From page 2 C. Grounds for implementing these penalties may be based on the following: 1. failure to comply with provisions of this rule: and 6. failure to provide services as required by this rule 7.8.2.7 - Definitions A. " Abuse " means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish and is defined in the Incident Reporting Intake, Processing & Training Requirements, 7.1.13 NMAC. Based on record review and interviews, the facility failed to ensure that direct care staff provided services in the manner required to the population of this facility to avoid physical harm for 1 (#1) of 1 (#1) resident . This deficient practice had the potential to harm 15 of 15 residents residing in the facility. The findings are: A. On 02/22/11 at 9:00 am, during an interview with the Administrator, she reported discovering the abuse of Resident #1 while conducting quality assurance audits of the video surveillance tapes at the facility. During these quality audits, an incident was seen in which Resident #1 was verbally and physically abused by Caregiver #1. The Administrator reported having a meeting with Caregiver #1 on 01/28/2011 in which the Administrator showed the video to the caregiver and questioned her about the incident. The Administrator reported that Caregiver #1 did not deny that the abusive incident occurred during the interview process. The Administrator immediately informed Caregiver #1 that she was terminated	A 013	and submitted to CCHSP within 20 days of hire. The facility recognizes the potential harm to all residents at the facility by the stated deficiencies. The facility Administrator is confident that this plan of Correction will prevent any future harm to residents as well as any future deficiencies. Plan of correction implemented on :	5/27/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 013	Continued From page 3	A 013		

from employment for abuse of Resident #1. Finally, the Administrator reported that during the facility investigation, she discovered that the facility had not submitted fingerprints to Caregivers Criminal History Screening Program (CCHSP) for Caregiver #1 and that the facility had no evidence of clearance letter from CCHSP for the caregiver.

B. On 02/22/11 at 9:10 am, during an interview with the Regional Director of the agency, he reported that he found out about the abuse of Resident #1 on 01/28/11 from the Administrator, and that he viewed the footage for confirmation of the abuse inflicted upon Resident #1.

C. On 02/22/11 at 9:55 am, during an interview with Resident #1, he reported that he remembered the abusive incident between himself and Caregiver #1. He remembered that she "took his papers away but I got them back" and that Caregiver #1 "was mean [sic]."

D. On 02/22/11 at 8:50 am, review of the video surveillance recording of the incident revealed that Caregiver #1 found Resident #1 attempting to sit in a recliner chair in the main living room, in an attempt to watch a movie on television. The surveillance video showed Caregiver #1 screaming "NO" several times at Resident #1 in a loud voice in attempt to stop him from sitting in the recliner and told him not to sit in the recliner because "he smells like piss." After Resident #1 successfully sat in the recliner in defiance to the caregiver's demands and without assistance, Caregiver #1 pretended to call the 'mental institution' to have Resident #1 committed and told Resident #1 that was what she was doing. Caregiver #1 then again told Resident #1 to get out of the chair by saying, "Don't sit there [sic]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 013	Continued From page 4 and throw those papers away NOW, because I don't want to hear them." Resident #1 defied Caregiver #1 again by saying that he would not go back to his room and the auditory portion of the surveillance tapes picked up on Caregiver #1 saying that Resident #1 was "bugging" her. During the remainder of the surveillance video, the Caregiver #1 was seen yanking a hat off of the resident's head, throwing his papers, threatening in a loud voice to deny him food and coffee, pushing the resident in the face with her finger, depriving him of his wheelchair (by placing it on the other side of the room) which was required for his mobility and refusing to assist Resident #1 to the bathroom when he asked Caregiver #1 for assistance to the bathroom. E. On 02/22/11 at 10:30 AM review of records noted that Caregiver #1 who was employed by the facility from 07/03/210 through 01/27/11 did not have evidence of CCHSP nationwide or statewide background screening clearance letter as required. F. On 02/22/11 at 9:30 AM, during an interview with the Administrator, she acknowledged that Caregiver #1 did not have a clearance letter from CCHSP on file at the facility. The Administrator also confirmed that Caregiver #1 was subsequently found to be the perpetrator of physical and verbal abuse to Resident #1.	A 013		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one	A 016		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 016	Continued From page 5 full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:	A 016		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 016	Continued From page 6 (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.16 (B)(6 - 7) - Direct Care Staff (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. Also refer to: Refer to NMAC 7.1.9.8 - Caregivers Criminal	A 016		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 016	Continued From page 7 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 procure and maintain evidence of compliance with requirements that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 1 employees (Caregiver #1) who was hired to be a caregiver to residents of the facility. The findings are: A. On 02/22/11 at 10:30 AM review of records noted that Caregiver #1 who was employed by the facility from 07/03/210 through 01/27/11 did not have evidence of CCHSP nationwide or statewide background screening clearance letter as required. C. On 02/22/11 at 9:30 am, during an interview the Administrator acknowledged that Caregiver #1 did not have a clearance letter from CCHSP on file at the facility. The Administrator also confirmed that Caregiver #1 was subsequently found to be the perpetrator of physical and verbal abuse to Resident #1.	A 016		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding.	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 8 B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 9 privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 10 and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.33(D)(11)(a) - RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. D. To protect resident rights, the facility shall ensure that residents are free from abuse, neglect and misappropriation or exploitation Refers also to 7.8.2.7 - Definitions - " Neglect " means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness and is defined in the Incident Reporting Intake, Processing & Training	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 11 Requirements, 7.1.13 NMAC. Based on record review, observation and interview, the facility failed to ensure that one (#1) of fifteen (#1 - #15) residents was free from abuse by a staff member. The findings are: A. On 02/22/11 at 9:00 am, during an interview with the Administrator, she reported discovering the abuse of Resident #1 while conducting quality assurance audits of the video surveillance tapes at the facility. During these quality audits, an incident was seen in which Resident #1 was verbally and physically abused by Caregiver #1. The Administrator reported having a meeting with Caregiver #1 on 01/28/2011 in which the Administrator showed the video to the caregiver and questioned her about the incident. The Administrator reported that Caregiver #1 did not deny that the abusive incident occurred during the interview process. The Administrator immediately informed Caregiver #1 that she was terminated from employment for abuse of Resident #1. Finally, the Administrator reported that during the facility investigation, she discovered that the facility had not submitted fingerprints to Caregivers Criminal History Screening Program (CCHSP) for Caregiver #1 and that the facility had no evidence of clearance letter from CCHSP for the caregiver. B. On 02/22/11 at 9:10 am, during an interview with the Regional Director of the agency, he reported that he found out about the abuse of Resident #1 on 01/28/11 from the Administrator, and that he viewed the footage for confirmation of the abuse inflicted upon Resident #1. C. On 02/22/11 at 9:55 am, during an interview with Resident #1, he reported that he	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 12 remembered the abusive incident between himself and Caregiver #1. He remembered that she "took his papers away but I got them back" and that Caregiver #1 "was mean [sic]." D. On 02/22/11 at 8:50 am, review of the video surveillance recording of the incident revealed that Caregiver #1 found Resident #1 attempting to sit in a recliner chair in the main living room, in an attempt to watch a movie on television. The surveillance video showed Caregiver #1 screaming "NO" several times at Resident #1 in a loud voice in attempt to stop him from sitting in the recliner and told him not to sit in the recliner because "he smells like piss." After Resident #1 successfully sat in the recliner in defiance to the caregiver's demands and without assistance, Caregiver #1 pretended to call the 'mental institution' to have Resident #1 committed and told Resident #1 that was what she was doing. Caregiver #1 then again told Resident #1 to get out of the chair by saying, "Don't sit there [sic] and throw those papers away NOW, because I don't want to hear them." Resident #1 defied Caregiver #1 again by saying that he would not go back to his room and the auditory portion of the surveillance tapes picked up on Caregiver #1 saying that Resident #1 was "bugging" her. During the remainder of the surveillance video, the Caregiver #1 was seen yanking a hat off of the resident's head, throwing his papers, threatening in a loud voice to deny him food and coffee, pushing the resident in the face with her finger, depriving him of his wheelchair (by placing it on the other side of the room) which was required for his mobility and refusing to assist Resident #1 to the bathroom when he asked Caregiver #1 for assistance to the bathroom. E. On 02/22/11 at 10:30 AM review of records	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 033	Continued From page 13 noted that Caregiver #1 who was employed by the facility from 07/03/210 through 01/27/11 did not have evidence of CCHSP nationwide or statewide background screening clearance letter as required. F. On 02/22/11 at 9:30 AM, during an interview with the Administrator, she acknowledged that Caregiver #1 did not have a clearance letter from CCHSP on file at the facility. The Administrator also confirmed that Caregiver #1 was subsequently found to be the perpetrator of physical and verbal abuse to Resident #1.	A 033		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by:	A 070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 070	Continued From page 14 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 observations, 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 (CCHSP) for 1 employee(Caregiver #1) who was hired to be a caregiver to residents of the facility. The findings are: A. On 02/22/11 at 10:30 AM review of records noted that Caregiver #1 who was employed by the facility from 07/03/210 through 01/27/11 did not have evidence of CCHSP nationwide or statewide screening clearance letter as required. B. On 02/22/11 at 9:30 am, during an interview, the Administrator acknowledged that Caregiver #1 did not have a clearance letter from CCHSP on file at the facility. The Administrator also confirmed that Caregiver #1 was subsequently found to be the perpetrator of physical and verbal abuse to Resident #1. Refer to NMAC 7.1.9.8(F) - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - Requirement of Timely Submission of application for clearance no later than 20 calender days from the first day of employment Based on record review and interview, the facility	A 070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2141	A. BUILDING _____ B. WING _____	C 02/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF SAN PEDRO, BUILDING C	6401 CORONA NE ALBUQUERQUE, NM 87113

(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 070	Continued From page 15 failed to ensure timely submission to New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 1 of 1 direct care staff file (Caregiver #1). The findings are: A. On 02/22/11 at 10:30 am, during review of the employee file, there was no evidence of timely submission of information to CCHSP within the 20 day required timeframe for Caregiver #1, who had a hire date of 07/03/10. B. On 02/22/11 at 9:30 am, during an interview the Administrator reported that Caregiver #1 did not have a clearance letter from CCHSP because fingerprints were never submitted to CCHSP from the facility. In addition, Caregiver #1 was subsequently found to be the perpetrator of physical and verbal abuse to Resident #1.	A 070		