Attached 1/27/2017 DSG

PRINTED: 11/03/2016
FORM APPROVED

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2183	A. BUILDING: _____ B. WING _____	C 06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

(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 The following deficiencies were cited on 06/21/16 as a result of a Full-Onsite survey for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living facilities. [redacted]	A 000		
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;	A 020		

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A 020	Continued From page 1 (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated 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	A 020		

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A 020	Continued From page 2 continuous nursing care may include but are not limited to the following: (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	A 020		

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A 020	Continued From page 3 writing, signed and dated by all team members and the approval shall be maintained in the 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		

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A 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (2) (12) (13) Based on record review and interview, the facility failed to ensure the Admission/Discharge Agreements were complete and accurate for 1 (R #s 1) of 8 (R #s 1-8) residents reviewed for complete and accurate information regarding: 1. The facility's admission/discharge agreement inaccurately stating a resident can be terminated from the facility without a (15) fifteen day written notice because of non-payment of rent. 2. The facility's admission/discharge agreement does not include the statement an "appropriate placement" is found for the resident if the agreement should be terminated. 3. Information that a 30-day notice would be provided prior to any changes in care or costs being implemented. This deficient practice has the potential for the residents to be at risk of being misinformed regarding when a facility can/cannot discharge a resident and the amount of notice the facility is required to give. Admissions agreement being terminated without an appropriate placement for residents to be transferred to. Charged for new/changed care services without the appropriate 30-day notice. The findings are: A. Record review of R #1's admissions/discharge agreement dated 05/29/2015, revealed the following: 1. The agreement does not state it may be terminated "if" an appropriate placement is found	A 020	1) The Facilities Admission discharge agreement has been corrected to indicate that a resident will be given a fifteen (15) day notice before termination due to non-payment. 2) The agreement includes the statement "appropriate placement" is found for the resident if agreement should be terminated. 3) Agreement now states that thirty (30) day notice will be given prior to any changes in cost or material services provided. A) 1) Agreement now states that Agreement may be terminated "if" an appropriate placement is found for the resident.	7/8/16 7/8/16 7/8/16 7/8/16

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A 020	Continued From page 5 for the resident. 2. The agreement does not state that a 30-day written notice is required prior to any changes in services and/or costs. 3 The agreement states that the resident can be terminated from the facility without a (15) days written notice. B. On 06/21/16 at 12:30 pm, during an interview with the administrator, he confirmed that R #1's, admission agreement does not state that the facility shall provide a thirty day written notice to residents regarding any changes in the cost or the material services provided. The agreement states that the resident can be terminated from the facility without a (15) days written notice.	A 020	The Agreement now states only that a resident may be terminated without notice in emergency situations, or when the safety of the resident or others is at risk.	7/8/16
		A020	The corrected pages will be printed and given to all resident POA's to review and sign to be placed in Residents files.	1/31/17
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an 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, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning	A 031		
		A020	The facilities Manager will carry out this task and ensure future compliance.	

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A 031	Continued From page 6 help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.31 B Based on observation and interview the facility failed to ensure that a first aid kit was available on the premises. This deficient practice has the potential for residents (R #s 1- 8), as identified on the census list provided by the administrator on 06/17/16, to be at risk of not receiving needed first aid treatment. The findings are: A. On 06/21/16, at 8:30 am, during observation of the facility there was no first aid kit to be found on the premises. During an interview with the administrator she confirmed that the facility does not have a first aid kit.	A 031	A 031 A first Aid kit was purchased on 6/21/16. This deficiency has the potential to affect all residents and staff. The first aid kit will be located in the office. All staff have been trained and informed on its location and purpose. Manager will check on and replenish First Aid supplies once a month. 6/21/16 11/2/16 - Phone conversation w/ Administrator Monthly check of 1st Aid Kit will be documented on the Facility Supply Checklist	6/21/16 6/21/16
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility	A 034		

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A 034	Continued From page 7 shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug	A 034		

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A 034	Continued From page 8 (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (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 shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects	A 034		

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A 034	Continued From page 9 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. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A B Reference NFPA 99, 1999 Edition Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations.	A 034		

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A 034	Continued From page 10 Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. Reference NFPA 99, 1999 Edition	A 034		

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A 034	Continued From page 11 Section 8-3.1.11.3 (Signs) Based on observation and interview, the facility failed to ensure that: 1. Oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation. 2. Oxygen cylinder tanks were not stored with combustible materials or in a tightly closed space such as a closet. 3. "Oxygen In Use" signs were posted outside the rooms of residents who use oxygen, for 3 (R #s 3, 5 and 6) of 8 (R #s 1-8) residents observed for oxygen use and proper storage of oxygen tanks. If an oxygen cylinder tank were to fall over damaging the valve, causing it to depressurize, stored with combustible materials or in a tightly closed space such as a closet, and if there are not warning signs informing there is "oxygen" in use, then residents are at an increased risk of harm if a fire were to occur. The findings are: A. On 06/17/16 at 8:30 am, during observation of R #5's room, four (4) unsecured oxygen cylinder tanks were observed to be stored in their closet with combustibles and there was no "Oxygen In Use" sign posted on the outside of the door. B. On 06/17/16 at 8:32 am, during observation of R #6's room, there were 3 unsecured oxygen tanks laying on the floor of the closet and there was no "Oxygen In Use" sign posted on the outside of the door. C. On 06/17/16 at 8:45 am, during observation of R #3's room, there were 7 large and 1 small unsecured oxygen tanks stored in a crate in the corner of the room next to combustibles. There was no "Oxygen In Use" signs posted on the	A 034 A034 (A,B,C) A034 (A,B,C)	This deficiency could affect all resident and staff in facility in the event of explosion of oxygen cylinder. Manager trained all staff on proper care and storage of oxygen tanks. 6/17/16 All oxygen tanks were removed from the facility and stored in Garage away from combustible materials. 6/17/16 Oxygen signs were placed on the door of rooms 3, 5, 6. 11/12/16	

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(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 034	Continued From page 12 outside of the door. D. On 06/17/16 at 8:45 am, during an interview with the house manager, she confirmed that the oxygen tanks were stored incorrectly in the resident rooms and that there were no "Oxygen In Use" signs posted outside the room doors of R #s 3, 5 and 6.	A 034	A034 All tanks were stored in racks to ensure no accidental damage or dislocation would occure.	6/17/16
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks	A 036	A034 Future residents with oxygen will be stored in the garage in designated area. A034 The designated area is away from gas powered water and hot water systems. A034 The manager of the Facility will monitor continued compliance. To Ensure ~~no~~ Oxygen Tanks are Stored in garage. Per phone conversation w/ Administrator 1/26/17	

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	2183	A. BUILDING: _____ B. WING _____	C 06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

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A 036	Continued From page 13 where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department	A 036		

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	2183	A. BUILDING: _____ B. WING _____	C 06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM. 87144

(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 036	Continued From page 14 inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the	A 036		

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	2183	A. BUILDING: _____ B. WING _____	C 06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6330 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

(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 036	Continued From page 15 recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in	A 038		

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	2183	A. BUILDING: _____ B. WING _____	C 08/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

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A 036	Continued From page 16 refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk.	A 036		

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A 036	Continued From page 17 (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.3.36 C (4) (5) D (3) (5) Based on observation and interview, the facility failed to ensure that: 1. Kitchen refuse container had a close-fitting lid 2. The food handlers wore helmets or caps 3. Cleaning supplies were not kept in the food storage areas 4. Food stored in freezer was labeled and dated These deficient practices could lead to illness or death to all 8 residents (R #s 1-8) as identified by the resident census provided by the administrator on 06/17/16. The findings are: A. On 06/17/16 at 8:30 am, during observation	A 036		

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A 036	Continued From page 18 of the kitchen, it was observed that the kitchen refuse container did not have a tight fitting lid. B. On 06/17/16 at 8:31 am, during observation of the meal preparation the facility cook was observed not wearing a hair net or cap to keep bacteria from hair contaminating the residents' food. C. On 06/17/16 at 9:05 am, during observation of the kitchen pantry, the following was observed to be stored next to the food in the pantry: 3 -1 gallon containers of bleach, 1 gallon of fungicide cleaner, and 1 gallon of blue glue dishwasher detergent. D. On 06/17/16 at 10:40 am, during interview with the house manager, she confirmed that the refuse container did not have a tight fitting lid, that the cook was not wearing a hairnet or cap while preparing food, and that chemical/cleaning supplies were stored in the kitchen food pantry. Findings related to food stored in freezer: E. On 06/21/16 at 9:05 am, during observation of the freezer it was observed to contain the following: 1. 1 packet of 4 hashbrowns wrapped without a label and not dated. 2. 1 - 3 lbs box of beef burgers opened not dated. 3. 1 - 3 lbs box of beef taquitos opened not dated. 4. 1 - 24 oz box of sausage opened not dated. 5. 1 - 20 oz hashbrowns opened not dated. 6. 1 - 24 oz box of sausage links opened not	A 036 A036 A)	New refuse containers were ~~used~~ purchased with a foot opener and secure lid.	11/4/16
		B)	Hair nets were purchased and implemented.	6/21/16
		C)	All cleaning supplies were removed from pantry and properly stored away from all food. All supplies were moved to a supply closet located in back part of the facility.	6/17/16
		A036 1-11	All food in Freezer was either labled and dated or Discarded.	6/17/16
		A036	The Manager of the facility will monitor monthly contained compliance. AMO Document monthly checks on the Fresh start Checklist Per Phone Conversation 1/26/17	

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A 036	Continued From page 19 dated. 7. 1 - 24 oz of rib eye steak opened not dated. 8. 1 - 2 lbs 96 oz box of biscuits opened not dated. 9. 2 plastic bags of unknown food not labeled or dated. 10. 1 plastic bag of pizza not labeled or dated. 11. 1 - 3 lbs box of corn dogs opened not dated. F. On 06/21/16 at 9:05 am, during an interview with the administrator, he confirmed opened food packets in the freezer were not labeled or dated.	A 036	Cook and Staff handling food have been trained on proper storage and dating of food. This deficiency can affect all residents and staff eating food in facility.	6/17/16
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to	A 038		

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A 044	Continued From page 21 current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock. D. Fireplaces and open flame heating shall not be utilized in sleeping rooms. E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. The facility shall be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices. H. The facility shall have a system for maintaining the residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual.	A 044	This deficiency has potential to affect all residents and staff under cold conditions. A044 The House Manager will monitor for continued compliance. Monthly and Document on the Facility Safety Checklist Per Phone Conversation With Administrator 1/26/17	6/27/16

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A 038	Continued From page 20 state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 C Based on observation and interview, the facility failed to store its hazardous chemicals away from the food storage area. This deficient practice has the potential to cause harm or even death, to all 8 residents (R #s 1-8) as identified by the resident census provided by the administrator on 06/17/16, if the chemicals are spilled on the food and ingested by the residents. The findings are: A. On 06/17/16 at 9:05 am, during observation of the kitchen pantry, the following was observed to be stored next to the food in the pantry: 3 -1 gallon containers of bleach, 1 gallon of fungicide cleaner, and 1 gallon of blue glue dishwasher detergent. B. On 06/17/16 at 10:40 am, during an interview with the house manager, he confirmed that the chemicals were being stored in the kitchen pantry.	A038	The Manager of the facility will monitor for continued compliance. A038 All chemicals were removed from pantry and stored properly away from all food. All cleaning supplies were moved to a closet in the back part of the facility. This deficiency has the potential to affect all residents and staff who eat in facility.	6/17/16
A 044	7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation HEATING, AIR-CONDITIONING AND VENTILATION: A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of	A 044	Staff have been trained on proper location of cleaning supply storage.	6/17/16

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6338 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

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A 044	Continued From page 22 [7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.44 A Based on record review and interview, the facility failed to ensure that the gas heating system was checked, tested, and maintained annually by qualified personnel. If the heating system is not tested and inspected annually by qualified personnel, then all 8 (R #s 1-8) residents identified on the resident census, provided by the Administrator on 06/17/16, are at risk of illness or death if the furnace quits working during cold weather or has a gas/carbon monoxide leak. The findings are: A. Record review revealed that the annual inspection of the gas heating system by a licensed plumber or a qualified maintenance person was missing from the facility file. B. On 06/21/16 at 12:30 pm, during interview with the Administrator, he confirmed that he did not have a record that a qualified plumber conducted an annual inspection of the gas heater this past season.	A044	A044 A: A heating and Air company preformed an annual inspection on the facilities gas heating system. The heater inspection was conducted on 6/27/2016. the documentation is located in the House Reports book. Reports will be better maintained by House manager.	6/27/16
A 045	7 NMAC 8.2.45 Water WATER: Pursuant to the current New Mexico drinking water requirements, 7.6.2.9 NMAC. A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations.	A045		

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A 046	Continued From page 23 B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries. E. The hot water temperature that is accessible to residents shall be maintained at a minimum of ninety-five (95) degrees fahrenheit and a maximum of one hundred ten (110) degrees fahrenheit. Hot water in excess of one hundred ten (110) degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.45 E Based on observation and interview, the facility failed to ensure that the hot water temperatures were maintained within the range of 95 degrees Fahrenheit (F) and 110 degrees F for all 8 residents (R #s 1-8) as identified on the resident	A 045		

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BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

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A 045	Continued From page 24 census provided by the Administrator on 06/17/16. This deficient practice has the potential for all residents to be at risk of being burned by hot water. The findings are: A. On 06/17/16 at 9:42 am, during observation of Bathroom 3, the hot water temperature in both the sink and shower was observed to be at 114.7 degrees F. B. On 06/17/16 at 9:44 pm, during observation of Bathroom 1, the hot water temperature in both the sink and shower was observed to be at 113.1 degrees F. C. On 06/17/16 at 9:49 am, during observation of Bathroom 13, the hot water temperature in both the sink and shower was observed to be at 118.4 degrees F. D. On 06/17/16, at 10:40 am, during interview with the house manager and the administrator, they confirmed that the water temperatures were in excess of the safe and required temperatures of 95 degrees - 110 degrees Fahrenheit.	A 045	This Information will be located in our water Temperature Book, in the office. A045 (A-C) In Bathrooms 3,1,13 The water temperatures were adjusted to meet the 95°-110° requirement. 6/21/16 The Manager will ensure on a monthly basis that water temps are within required range. Document Found in Water Temperature Log Book located in the office or kitchen Per phone conversation w/ Administrator on 1/26/17	
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of	A 047		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2183	A. BUILDING: _____ B. WING _____	C 06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF ENCHANTED HILLS	6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144

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A 047	Continued From page 25 the residents in mind. D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.47 E Based on observation and interview, the facility failed to maintain their emergency lighting system. This deficient practice has the potential to cause serious injury or death to all 8 residents (R #s 1-8) as identified in the resident census provided by the administrator on 06/17/16, if there were a fire or other emergency that required evacuation and the power was out. The findings are: A. On 06/17/16 at 9:51 am, during observation of the emergency lighting system, it was observed that 4 of the 10 emergency lights used in case of fires and/or other emergencies were not working. B. On 06/17/16 at 10:00 am, during an interview with the administrator, he confirmed that 4 of the	A 047 A047 A047 A)	This deficiency has potential to affect all residents and staff in the facility in an emergency situation. Manager will inspect emergency lighting on monthly basis to ensure working status. This information will be located in maintenance binder in the office. New Batteries were purchased and installed in emergency lighting system.	6/17/16 6/17/16

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A 047	Continued From page 26 10 emergency lights were not working.	A 047		
A 048	7 NMAC 8.2.48 Electrical System ELECTRICAL SYSTEM: A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances shall be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords shall not be used. The use of a multi-socket united laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) feet in length is permitted for the intended purpose and not as an extension cord. [7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: NFPA 70 National Electric Code 210.8 Ground Fault Circuit Interrupter Protection for Personnel 210.8 (B) Other than dwelling units. All 125 volt, single phase, 15 and 20 ampere receptacles installed in the locations specified in 210.8 (B)(1) through (8) shall have ground fault circuit interrupter protection for personnel. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors	A 048		

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A 048	Continued From page 27 Exception 1: to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow melting, de-icing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22 as applicable. Exception 2: to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2)shall be permitted for only those receptacles outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection. (5) Sinks - where receptacles are installed within 6 ft. of the outside edge of the sink. Exception 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection. Exception 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required. (6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to	A 048		

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A 048	Continued From page 28 be used. 314.25: Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B) 406.5(F): Receptacles shall be enclosed so that live wiring terminals are not exposed to contact. Based on observation and interview, the facility failed to ensure there was Ground Fault Circuit Interrupter (GFCI) outlets within 6 feet of water sources and operable wall outlets throughout the facility. This failed practice may result in harm or death to all 8 residents (R #s 1-8) as identified on the resident census list provided by the administrator on 06/17/16, due to electric shock. The findings are: A. On 06/17/16 at 8:35 am, during observation of 6 resident bathrooms, the outlets next to the bathroom sinks were observed to not have GFCI outlets. B. On 06/17/16 at 8:45 am, during observation of the patio area the outside outlet next to the water spicket, did not have a GFCI outlet. C. On 06/17/16 at 10:15 am, during interview the house manager, confirmed that the bathroom outlets and the outside outlet were not equipped with a GFCI outlet. D. On 06/21/16 at 12:45 pm, during interview with the administrator, he confirmed that there were GFCI outlets missing in resident bathrooms and outdoor outlets.	A 048 A048 (A-C)	This deficiency can affect all residents and staff using water sources. All outlets will be inspected to ensure that they are covered on a circut to an existing GFCI, if not the outlet will be replaced. This deficiency will be corrected no later than 11/19/2016.	11/19/16 11/19/16