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	2035	A. BUILDING _____ B. WING _____	09/06/2007

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BEEHIVE HOMES OF FARMINGTON #2	404 NORTH LOCKE FARMINGTON, NM 87401

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A16	7 NMAC 8.2.16 STAFF QUALIFICATIONS 7.8.2.16 STAFF QUALIFICATIONS: A facility must employ staff that meet the following qualifications: A. ADMINISTRATOR/DIRECTOR/OPERATOR: (1) Be at least twenty-one (21) years of age. (2) Demonstrate basic respect for the dignity of residents. (3) Be financially solvent and have a good credit history (credit reports must be provided to verify this requirement). (4) Be of good moral character. Applicants must comply with the requirements of the New Mexico Caregivers Criminal History Screening Act. (5) Be able to communicate with the residents and other staff members in the language spoken by the majority of the residents and other employees. (6) Have a high school diploma or its equivalent. (7) Be of sound mind, and not currently dependent upon alcohol or illegal drugs. (8) Have a proven ability to administer, direct and operate an adult residential health facility as demonstrated by education and/or work experience and provide three notarized letters of reference from persons unrelated to the applicant sent with the application as a packet to the Licensing Authority. The evidence of education and experience must be detailed in either the Application or a separate resume or curriculum vitae. B. DIRECT CARE STAFF (1) Be of at least eighteen (18) years of age. (2) Have adequate education, training, or experience to provide for the needs of the	A16	All Staff Training documented in each employee file. updates 9-8-07 Retha Jackson Scanned 9/20/07 KV	

Division of Health Improvement

Retha L Jackson — TITLE Administrator — (X6) DATE 9-13-07

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

STATE FORM 6899 Y7Q111 If continuation sheet 1 of 15

SEP 19 2007

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A16	Continued From page 1 residents. (3) Be physically, mentally, and emotionally equipped to carry out responsibilities of resident care, including not being currently dependent upon alcohol or illegal drugs. [5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97, 5-28-99; 7.8.2.16 NMAC - Rn, NMAC 8.2.16, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.16(B)(2) - Required Staff Training Based on record review and interview, the facility failed to ensure training for 100% of facility employees. The findings are: A. On 9/5/07 at 1:00PM during review of the facility records, it was noted that there was no evidence of current required training in the areas of fire safety, safe food handling, confidentiality of resident records, infection control, resident rights, quality care based on resident needs, and abuse/neglect/exploitation - Incident Management. B. On 9/5/07 at 1:30PM during interview with the Director of Nurses and the House Manager, they confirmed the problem and stated that training in these areas would occur.	A16	*Files have been updated All Training has been done + correction completed 9-12-07 This training has been done. We do inservices every month. These were new Nurses + House Manager + I pulled the files for them when I arrived. We do in house inservices outside Training + Home Health - Hospice - Omsbudsman Program - Fire Marshal - Alzheimers Association comes in on a regula basis for extra training. This was in a master file. Now in each employee file	
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)	A35		

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A35	Continued From page 2 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 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.	A35	9/8/7 -All drugs now being kept in locked office - state drug inspector (Board of pharmacy) was here on 7/17/2007 and all records were found to be in compliance. Ben Kesner NM Board of Pharmacy	

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A35	Continued From page 3 (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 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 9/5/07 at 12:00 noon, during review of the administrative records, documentation of	A35	Records for Quarterly visits are located in Pharmacy Records located in office	

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A35	Continued From page 4 Pharmacist visits included: 6/06, 10/06, 3/07, 7/07. B. On 9/5/07 at 12:05 PM, during interview with the Director of Nurses, she acknowledged that there was a 5 month span during which no Pharmacy visit had taken place and would be in charge of overseeing the matter in the future. Refer to 7.8.2.35(B)(1) - Irregularities discovered by the consultant pharmacist must be acted upon by the facility Based on observation, record review and interview, the facility failed to ensure that irregularities discovered by the consultant pharmacist were acted upon. The findings are: A. On 9/5/07 at 12:07PM, during review of the administrative records, documentation of Pharmacist visit dated 7/07 included the following: "problems needing corrective action: not all narcotics and/or controlled substances are being logged correctly and/or accounted for ..." B. On 9/5/07 at 12:08PM during review of the current physician's orders it read that Resident #1 was prescribed Alprazolam 1mg tablet take one - half tablet by mouth every evening C. On 9/5/07 at 12:09PM during narcotic count for Resident #1, it was noted that for the date of 8/28/07 the Alprazolam count was listed as 27 and 1/2 tablets and for the date of 8/29/07 the	A35	① Procedures have been put in place to correct Sigs and MAR discrepancies. M. Chantz Eyring, PharmD Consultant Pharmacist 505-325-1299 575-802-6138 cell	

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A35	Continued From page 5 count was listed as 21 and 1/2. D. On 9/5/07 at 12:12 PM, during interview with the Director of Nurses, she acknowledged that there was a problem and would be in charge of overseeing such matters in the future.	A35	oversight by RN Noreen Klemm is ongoing - Contact State pharmaceutical Consultant & reported problem.	
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.	A36		

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A36	Continued From page 6 F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include: (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is 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.	A36		

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A36	Continued From page 7 (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility. [7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 - Medication Administration Record Based on record review and interview, the facility failed to ensure that medications were properly transcribed from the physician's orders into the Medication Administration Record for 1 of 3 residents (Resident #1). The findings are: A. On 9/5/07 at 10:11PM during review of the Medication Administration Record, it read that Resident #1 was prescribed Alprazolam 1mg tablet take one tablet by mouth every evening B. On 9/5/07 at 10:12PM during review of the current physician's orders it read that Resident #1 was prescribed Alprazolam 1mg tablet take one - half tablet by mouth every evening C. On 9/5/07 at 1:30PM during interview with the Director of Nurses, she stated that she understood the nature of the problem.	A36	(1) Procedures and trainings have been conducted to ensure correct documentation in MAR.	
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING	A45		

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A45	Continued From page 8 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must 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 must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must 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 must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods	A45		

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A45	Continued From page 9 of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.45 - Annual Fuel-Fire Heating System Inspection Based on record review and interview, the facility failed to have documentation of annual fuel-fire heating system inspection. The findings are: A. On 9/5/07 at 12:30PM during review of the facility records, no documentation of annual fuel-fire heating system inspection was seen. B. On 9/5/07 at 12:35PM during interview with the Director of Nurses, she stated that she would begin to have the heating system inspected annually by qualified personnel.	A45	Home Plumbing is to call us to schedule inspection. + correct documentation	
A56	7 NMAC 8.2.56 TOILET AND BATHING FACILITIES 7.8.2.56 TOILET AND BATHING FACILITIES: A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit must be provided for every eight (8) residents or fraction thereof. Each facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. B. The combination type tub and shower is permitted. C. toilets, tubs, and showers must be	A56		

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A56	Continued From page 10 provided with grab bars. D. If a facility has live in staff, a separate toilet, sink, and bathing facility must be provided. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a separate toilet, sink, and bathing facility for live in staff. E. Tubs and showers must have a slip resistant surface. F. Toilet, sink, and bathing facilities must be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bath, or sink facility is permitted. G. All facilities must have a minimum of one (1) toilet and bathing facility which meets requirements for the disabled. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a toilet and bathing facility which meets requirements for the disabled. H. Toilet paper and soap must be provided in each toilet room. I. The use of a common towel is prohibited. J. Bathrooms and lavatories must be cleaned as often as necessary to maintain a clean and sanitary condition. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.56 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 - Medication Administration Record Based on record review and interview, the facility failed to ensure that medications were properly transcribed from the physician's orders into the Medication Administration Record for 1 of 3 residents (Resident #1). The findings are:	A56		

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A56	Continued From page 11 A. On 9/5/07 at 10:11PM during review of the Medication Administration Record, it read that Resident #1 was prescribed Alprazolam 1mg tablet take one tablet by mouth every evening B. On 9/5/07 at 10:12PM during review of the current physician's orders it read that Resident #1 was prescribed Alprazolam 1mg tablet take one - half tablet by mouth every evening C. On 9/5/07 at 1:30PM during interview with the Director of Nurses, she stated that she understood the nature of the problem.	A56	> correction documented RN oversight in place reported to Pharmacy Consultant Chantz Ering	
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 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	A63		

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A63	Continued From page 12 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 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 9/5/07 at 11:00AM during review of the administrative files, no documentation of fire drills for 7/07 and 8/07 were located for the last 12 calendar months. B. On On 9/5/07 at 11:03AM during interview	A63	Fire Drills have been done Monthly but apperently due to walk out of old manager records were not upto date. We are making	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2035	A. BUILDING _____ B. WING _____	09/06/2007

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A63	Continued From page 13 with the House Manager, she stated that proper documentation of fire drills would be done immediately following drills in the future and kept in the file.	A63	Correction & immediate documentation will be done immediately after each drill. Ritha Jackson	
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 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 100% of employees hired after January 1, 2006. The findings are: A. On 9/5/07 at 11:00AM during review of the employee files, it was noted that 100% of	A66	~~WTX~~	

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A66	Continued From page 14 employees hired after January 1, 2006 did not have on file documentation of search on the EAR database using the individual's identifying information. B. On 9/5/07 at 1:00PM, during interview with the Director of Nurses, she stated she had no documentation on inquiry for staff but would work with the Administrator to correct the problem. Refer to NMAC 7.1.13.10(D) Incident Reporting, Intake, Processing and Training Requirements (Effective date February 28, 2006) - Requirement to maintain documentation of Incident Management Training for all employees Based on record review and interview, the facility failed to ensure required documentation of ongoing training on abuse, neglect and misappropriation of property for 100% of facility staff. The findings are: A. On 9/5/07 at 9:30AM during review of the employee training records, it was noted that the required training documentation for abuse, neglect and exploitation, and reporting requirements procedures per NMAC regulations 7.1.13 were missing for 100% of staff. B. On 9/5/07 at 9:35AM, during interview with the Administrator, she stated that employees would be trained in this process.	A66	I Retha Jackson have tried on several occasions to access Web Sight. I have had 2 passwords. They don't work. I am contacting Samantha to get print outs on active employees. If I could get into sight Wothing would please me more. We are correcting proble print outs will be in files AS soon as I have the. I am doing criminal background checks + Checking pastreferences as well. Retha Jackson Administrator Complete Corrections Date for 10/4/07 Spoke wit Samantha am Faxing pages to her for Checks on employees w/COR.	