

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/04/2022
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ALAMOGORDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1106 SAN CRISTO ALAMOGORDO, NM 88310
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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
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{A 000}	Initial Comments	{A 000}		
	<p>The following deficiencies were cited during a Revisit/Follow-up survey completed on 02/04/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.</p> <p>{A 065} 7 NMAC 8.2.65 Fire Drills</p> <p>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.</p> <p>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:</p> <p>(1) the date of the drill;</p> <p>(2) the time of the drill;</p> <p>(3) the number of staff participating in the drill;</p> <p>(4) any problem noted during the drill; and</p> <p>(5) the evacuation time in total minutes.</p> <p>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency for the survey dated 01/08/20.</p> <p>7.8.2.65 A</p> <p>Based on record review and interview, the facility</p>	{A 065}	<p>We will conduct fire drills once a month a month rotating between 5h:45 7:00am - 3:00pm, 3:00pm - 11:00pm and graveyard.</p> <p>The House Manager will oversee this process and the administrator will check to make sure it has been done.</p> <p>We will document the date, time, how long it took to complete and</p>	

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kameleah Kogas

TITLE

Administrator

(X6) DATE

7-8-22

Division of Health Improvement

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{A 065}	<p>Continued From page 1</p> <p>failed to ensure that fire drills were conducted monthly on each eight (8) hour shift (day, evening, night) per quarter. This deficient practice could likely result in the 9 (R #s 1-9) residents identified on the census list, provided by the Administrator on 02/04/22, to be at risk of harm, injury, or death if Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building if a fire were to occur. The findings are:</p> <p>A. Record review of the facility's fire drill records revealed, no documentation that they had been conducted in recent months. The last fire drill was conducted on 05/14/21.</p> <p>B. On 02/02/22 at 09:24 am, during an interview with the Administrator, she confirmed that the facility has no current documentation of conducting any fire drills since 05/14/21.</p>	{A 065}	<p>the staff involved. We will have our first drill completed by the February 28th, 2022</p>	
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