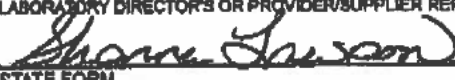


Division of Health Improvement

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 C 09/13/2024
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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
8 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a complaint survey completed on 09/13/24 for the State requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults.</p> <p>██████████ was investigated and found not in compliance</p> <p>Census: 14</p>	8 000		
8 035	<p>8 NMAC 370.14.35 Medication</p> <p>Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. 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 from the physician, physician assistant or nurse practitioner and with entry into the resident's record.</p> <p>A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.</p> <p>B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of</p>	8 035	<p>Administrator/designee will conduct a record review of all resident files to ensure that medications with end dates are given within the time frame requested by the physician. Administrator/designee will notify physician to obtain a new order for those medications they wish to continue, on a Quarterly Medication Review form.</p> <p>Administrator/designee will enter new or changed medications and add appropriate end date to MAR to ensure medications are not logged as missed dose. Administrator/designee will work with consulting pharmacist quarterly to determine medications have and end date and new orders are obtained in a timely manner.</p>	10-28-24

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10-4-24
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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 C 09/13/2024
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8 035	<p>Continued From page 1</p> <p>medication training program or be licensed or certified by the state board of nursing.</p> <p>C. PRN (pro re nata) medication:</p> <p>(1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.</p> <p>D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.</p> <p>E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:</p> <p>(1) the resident's name;</p> <p>(2) any known allergies to medication that the</p>	8 035		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2883	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/13/2024
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ALAMOGORDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 SAN CRISTO ALAMOGORDO, NM 88310
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8 035	<p>Continued From page 2</p> <p>resident has;</p> <p>(3) the name of the resident's PCP or the prescriber of the medication;</p> <p>(4) the diagnosis or reason for the medication;</p> <p>(5) the name of the medication, including the drug product brand name and the generic name;</p> <p>(6) notation if the medication is a schedule II-IV drug;</p> <p>(7) the dosage of the medication;</p> <p>(8) the strength of the medication;</p> <p>(9) the frequency or how often the medication is to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pill, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p>	8 035		

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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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8 035	<p>Continued From page 3</p> <p>J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.</p> <p>K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:</p> <ol style="list-style-type: none"> (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. <p>L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery.</p> <p>M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record.</p> <p>N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.35 G (19) (20) (M)</p> <p>Based on record review and interview, the facility failed to ensure all medications listed on the Medication Assistance Record (MAR) for 1(R #2) of 1(R #2) resident: - Had been administered within the timeframe</p>	8 035		
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NAME OF PROVIDER OR SUPPLIER
BEEHIVE HOMES OF ALAMOGORDO


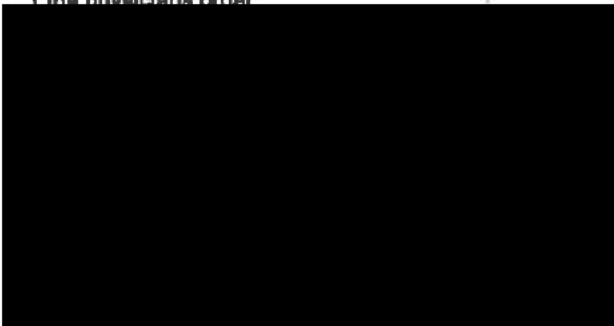
STREET ADDRESS, CITY, STATE, ZIP CODE
**1106 SAN CRISTO
ALAMOGORDO, NM 88310**

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8 035	<p>Continued From page 4</p> <p>ordered by the physician. - Had been documented as a missed dose of medication.</p> <p>These deficient practices could likely result to be at risk of harm, illness, or injury if the residents were not administered and medications was provided for longer periods of time than ordered by the physician.</p> <p>The findings are:</p> <p>A. Record review of R #2's medication change form, signed by R #2's provider and dated 08/12/24 revealed the following:</p> <div data-bbox="124 1070 762 1624" style="background-color: black; width: 100%; height: 100%;"></div> <p>B. Record review of R #2's MAR dated 08/30/24 through 09/13/24 revealed the following:</p> <div data-bbox="167 1684 762 1803" style="background-color: black; width: 100%; height: 100%;"></div>	8 035		


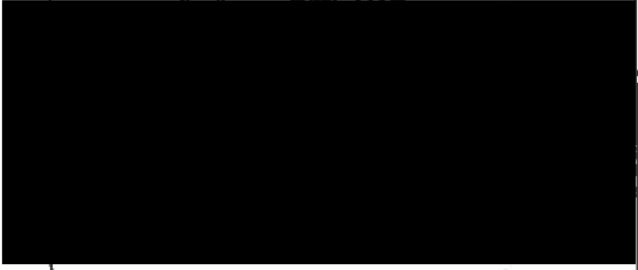
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8 035	<p>Continued From page 5</p>  <p>C. On 09/13/24 at 12:11 PM, during an interview, the house manager confirmed the following medications were listed on the MAR and had not been discontinued in the timeframe prescribed by the physicians order:</p> 	8 035		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/13/2024
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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8 035	Continued From page 6 	8 035		
	D. On 09/13/24 at 1:10 PM, during an interview, the administrator stated she was not aware the following medications listed on R#2's MAR had to be discontinued after the specified time on the physicians order and had still been listed as a 			
8 036	8 NMAC 370.14.38 Nutrition The facility shall provide planned and nutritionally	8 036		

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8 036	<p>Continued From page 7</p> <p>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.</p> <p>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.</p> <p>(1) Meal service: The facility shall:</p> <p>(a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available;</p> <p>(b) provide snacks of nourishing quality and post on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences;</p> <p>(d) post the weekly menu, including snacks 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 week cycle;</p> <p>(e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets;</p> <p>(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;</p>	8 036	<p>Administrator edited and posted menus to ensure snacks were listed on the menu. A weekly menu and a substitute menu were posted together on a bulletin board in the dining room where residents and families could see the menu and have the freedom to choose meals and consume nutritious meals.</p> <p>Cooks will post the menu and substitute menu weekly. Manager will follow up and initial menu to ensure appropriate menus are posted weekly.</p>	10-7-14

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8 036	Continued From page 8 (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 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 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 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	8 036		

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8 036	<p>Continued From page 9</p> <p>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.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(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.</p> <p>(2) Washing and sanitizing kitchenware:</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(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 recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(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.</p> <p>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall</p>	8 036		
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8 036	Continued From page 10 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. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five 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 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 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three 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 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	8 036		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BEEHIVE HOMES OF ALAMOGORDO 1106 SAN CRISTO ALAMOGORDO, NM 88310

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8 038	<p>Continued From page 11</p> <p>refrigerator with food; an alternate refrigerator for medication shall be used.</p> <p>(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.</p> <p>(7) Dry or staple food items shall be stored at least six 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.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk:</p> <p>(1) Raw milk shall not be used.</p> <p>(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.</p> <p>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.</p>	8 038		

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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		
(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
8 038	<p>Continued From page 12 [8.370.14.36 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.36 A (1) (d)</p> <p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> Weekly menus were posted where residents and families are able to view them. Menus identify the snacks available and any meal substitution offerings. <p>These deficient practices could likely result in the 14 (R #s 1-14) residents listed on the census provided by the Administrator on 09/12/24 to be at risk of not being aware of what meals or snacks are available during the week to ensure residents are provided nutritious meals/snacks, meet their dietary needs, and have a freedom of choice in what foods they want to eat.</p> <p>The findings are:</p> <p>A. On 09/12/24 at 8:05 AM, during an observation of the facility common areas and resident dining area, the weekly menu was not posted.</p> <p>B. On 09/12/24 at 8:15 AM, during an interview, Caregiver #1 confirmed the weekly menu was not posted.</p> <p>C. On 09/12/24 at 10:15 AM, during an interview, Chef/Cook confirmed the weekly menu was not posted for residents and families, but were hanging in the facility kitchen.</p> <p>D. On 09/12/24 at 10:20 AM, during an observation of the facility kitchen, the weekly menu:</p>	8 038		

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 C 09/13/2024
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8 036	Continued From page 13 (1) Was displayed in the kitchen and not in view for resident's or families. (2) Did not identify snacks available for residents (3) Did not identify substitutions available for each meal E. On 09/12/24 at 10:25 AM, during interview, Chef/Cook stated she was not aware that snacks and meal substitutions were supposed to be identified on the weekly menu, and that snacks are given to residents upon request. F. On 09/12/24 at 11:07 AM, during interview, R #4 stated he does not know what is being served each day for meals. R #4 was unaware there were substitution choices for every meal, and does not recall snacks being provided to residents at any time during the day or night.	8 036		
8 037	8 NMAC 370.14.37 Laundry Services A. General requirements: The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior	8 037	An in-service will be conducted to train/retrain staff on the importance of keeping the laundry room door locked in resident safety. Administrator/designee will place signage on the laundry room door stating "This Door must be locked at all times."	10-11-24

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8 037	<p>Continued From page 14</p> <p>route to the laundry room is not an acceptable alternative, unless it is completely enclosed.</p> <p>(5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.</p> <p>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.</p> <p>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.</p> <p>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.</p> <p>(9) There shall be a clean, dry, well ventilated storage area provided for clean linen.</p> <p>(10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet.</p> <p>B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [8.370.14.37 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.37 A (10)</p> <p>Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals were stored in secured areas and were not accessible to the residents.</p> <p>This deficient practice could likely result in the 14</p>	8 037		

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8 037	Continued From page 15 (R #s 1-14) residents listed on the resident census list provided by the Administrator on 09/12/24 to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest (take food, drink, or another substance in the body by swallowing or absorbing it.) the cleaning supplies or hazardous chemicals (any chemical which can cause a physical or a health hazard). The findings are: A. On 09/12/24 at 9:40 AM, during an observation of the facility's laundry room located at the northwest hallway, the laundry room was unlocked. The following chemicals were accessible to residents: <ol style="list-style-type: none"> 1. Two (2) bottles of multipurpose cleaner 2. One (1) bucket of laundry detergent 3. One (1) can of Ajax powder 4. One (1) container of Draino B. On 09/12/24 at 9:45 AM, during an interview, Caregiver #2 confirmed the cleaning supplies and chemicals located in the laundry room were unsecured and accessible to residents.	8 037		