

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2020
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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120
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A 000	Initial Comments 7.8.2.0000 The following deficiencies were cited during a Full-Onsite survey completed on 02/06/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff:	A 016		

Lueelyn Yotting

Administrator

11/24/20
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

SIGNATURE *Lvelyn Spitting*

TITLE
Administrator

(X6) DATE

11/24/2020

STATE FORM

6899

RYVL11

If continuation sheet 1 of 26

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A 016	<p>Continued From page 1</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC.</p> <p>[7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]</p>	A 016		
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<p>This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7)</p> <p>Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to</p>				

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A 016	<p>Continued From page 4</p> <p>not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</p> <p>7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.</p> <p>(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.</p> <p>2) A signed authorization for release of information form.</p> <p>(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink.</p> <p>(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other</p>	A 016		
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<p>A 016</p>	<p>Continued From page 6</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p> <p>Based on record review and interview the facility failed to ensure that:</p> <ol style="list-style-type: none"> All Direct Care Staff (DCS) providing care and services had been cleared by the Employee Abuse Registry (EAR) prior-to-hire. The application and fingerprints for the Caregiver Criminal History Screening program (CCHSP) were submitted within 20 days of the date of hire. <p>This deficient practice could likely affect the safety and welfare of all 13 (R #s 1-13) residents on the census provided by the Administrator on 02/05/20, if being provided services by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are:</p>	<p>A 016</p>	<p>(A016) Every employee will have their documentation for fingerprints submitted to the CCHSP within 20 days of hire as well as being cleared by EAR prior to start date of hire. All documentation will be kept in the employee's file. The house manager will be responsible for submitting each employee for fingerprints with CCHSP and the EAR</p>	<p>2/6/2020</p>
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	<p>A. Record review of DCS #4's staff file revealed, no documentation that the EAR clearance was received prior to hire and/ that the CCHSP application and fingerprints were submitted within 20-days of hire.</p> <p>B. On 02/05/20 at 3:13 pm, during an interview with the Administrator, she confirmed that the EAR and CCHSP applications and fingerprints were not submitted for DCS #4.</p>		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>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.</p> <p>A. Procurement, labeling and storage. The facility 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.</p> <p>(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.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The</p>	A 034	

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A 034	<p>Continued From page 8</p> <p>refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(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.</p> <p>(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.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(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 (controlled substances). The proof of use sheet shall document:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration; (c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(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</p>	A 034		
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A 034	<p>Continued From page 9</p> <p>pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(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.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(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.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be 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.</p> <p>(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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 (7)</p> <p>Refer to:</p>	A 034		
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<p>A 034</p>	<p>Continued From page 10</p> <p>NFPA (National Fire Prevention Association) 99. 2012 Edition.</p> <p>11.3 Cylinder and Container Storage Requirements.</p> <p>11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3.</p> <p>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft)</p> <p>(2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be</p>	<p>A 034</p>	<p>(A034) All excess oxygen cylinders are being stored in an outside storage area away from the residents' room. The house manager will be responsible for placing excess cylinders in proper storage area.</p> <p>All residents that are on oxygen have a sign posted outside their room, "Oxygen in use". The house manager will be responsible for placing sign "Oxygen in us" outside of residents once they are place on oxygen.</p>	<p>2/6/2020</p> <p>2/6/2020</p>
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<p>A 034</p>	<p>Continued From page 11</p> <p>prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m³ (300 ft³) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m² (22,500 ft²) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING</p> <p>Based on observation and interview the facility</p>	<p>A 034</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED 02/06/2020</p>	
<p>NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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A 034	<p>Continued From page 12</p> <p>failed to ensure that oxygen cylinder tanks were secured (crate, stand, chained), stored correctly and that all rooms where oxygen was stored had appropriate "Oxygen in Use" signage. These deficient practice could likely result in the 13 (R #s 1-13) residents identified on the census provided by the Administrator on 02/05/20, to be at risk of injury or death if the oxygen cylinder tanks were to be knocked over and explode, were stored with combustibles (clothes and adult briefs), become damaged, depressurize, accelerate a fire, or if there are no "Oxygen in use" signs were on the outside of rooms where oxygen was stored. The findings are:</p> <p>A. On 02/05/20 at 2:50 pm, during observation of the facility the following residents had oxygen bottles stored in their rooms:</p> <ol style="list-style-type: none"> 1. R #3 who resides in [REDACTED] 2. R #4 who resides in [REDACTED] 3. R #5 who resides in [REDACTED] 4. R #6 who resides in [REDACTED] <p>B. On 02/05/20 at 3:13 pm, during an observation of the facility and outside of R #s 3-6 rooms where oxygen was being used and stored, no [REDACTED] were observed to be posted.</p> <p>C. On 02/05/20 at 3:13 pm, during an interview with the Administrator, she confirmed the findings related to [REDACTED] use and [REDACTED] of signage posted in the facility and on</p>	A 034		
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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH		STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120	
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A 034	Continued From page 13 the outside to the resident who have [REDACTED]	A 034	
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>MEDICATIONS: 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 medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) 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</p>	A 035	

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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120
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<p>A 035</p>	<p>Continued From page 14</p> <p>primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. 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. 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. F. Medications prescribed for one resident shall not be used for another resident. 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: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication;(5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug;</p>	<p>A 035</p>		
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A 035	<p>Continued From page 15</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 (pills, 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;(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;</p> <p>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> <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</p>	A 035		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2020
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<p>A 035</p>	<p>Continued From page 16</p> <p>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 (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p>	<p>A 035</p>	<p>(A035) All medication orders for these residents have been corrected to note the reason and/or diagnosis for each medication. The facility house manager will enter all medications with a diagnosis and/or reason going forward. If no diagnosis and/or reason is given initially, the house manager will consult with the resident's physician to obtain it. The facility pharmacy consultant will monitor and note compliance on a quarterly basis.</p>	<p>2/6/2020</p>
	<p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (4) (5) (7) (8)</p>			
	<p>Based on record review, observation, and interview the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents whose Medication Administration Records (MARs) and physician orders (PO) were reviewed for compliance that they were complete, accurate and included all required information. These deficient practices could likely negatively effect the the health, safety and welfare of the resident MARS do not include</p>			

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<p>A 035</p>	<p>Continued From page 17</p> <p>all required information and/or given as ordered by the physician. The findings are:</p> <p>A. Record review of R #1's 02/01/20 thru 02/05/20 MAR and POs revealed the following missing and/or incorrect information:</p> <div style="background-color: black; width: 100%; height: 300px; margin: 5px 0;"></div> <p>B. Record review of R #2's 02/01/20 thru 02/05/20 MAR revealed that the diagnosis/reason for [REDACTED] was missing.</p> <p>C. Record review of R #3's 02/01/20 thru 02/05/20 MAR and PO revealed the following</p>	<p>A 035</p>	<p>(A035) All resident's medication will have both brand name and generic name for all medications. The house manager will be responsible for entering both brand and generic name for each resident and the facility consultant will monitor and note compliance on a quarterly basis.</p>	<p>2/6/2020</p>
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>BEE HIVE HOMES OF TAYLOR RANCH</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120</p>		
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<p>A 035</p>	<p>Continued From page 18 missing and/or incorrect information:</p> <div style="background-color: black; width: 100%; height: 150px; margin-bottom: 10px;"></div> <p>D. Record review of R #'s 02/01/20 thru 02/05/20 MAR revealed the following missing information:</p> <div style="background-color: black; width: 100%; height: 100px; margin-bottom: 10px;"></div> <p>E. On 02/06/20 at 1:33 pm, during an interview, the House Manager confirmed the above findings for R #'s 1-4 02/01/20 through 02/05/20 MARs.</p>	<p>A 035</p>	<p>(A035) Physician orders will match the MARS for residents regarding strength of each medication. The house manager will be responsible for entering and maintaining all medications for each of their residents that match the physician orders on strength.</p>	<p>2/6/2020</p>
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<p>A 035</p>	<p>Continued From page 19</p> <p>Findings related to medication count</p> <p>F. On 02/06/20 at 10:21 am, during observation of medication count it was revealed that:</p> <p>1. R #2 had [REDACTED] on the medication cart that was not listed on a PO or MAR</p> <p>2. R #4 had the following medications on the medication cart that were not listed on a PO or MAR: [REDACTED]</p> <p>G. On 02/06/20 at 10:40 am, during an interview, the House Manager confirmed the above findings for R #s 2 and 4.</p>	<p>A 035</p>	
<p>A 036</p>	<p>7 NMAC 8.2.36 Nutrition</p> <p>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.</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 (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening</p>	<p>A 036</p>	

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<p>A 036</p>	<p>Continued From page 20</p> <p>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 (1) 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> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident's PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(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:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p>	<p>A 036</p>	
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<p>A 036</p>	<p>Continued From page 21</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(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</p> <p>(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.</p> <p>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.</p> <p>(1) Kitchen sanitation.</p> <p>(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.</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>A 036</p>		
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A 036	<p>Continued From page 22</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 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.</p> <p>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.</p> <p>(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.</p> <p>(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</p>	A 036		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2020
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH		STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120	
(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 036	Continued From page 23 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 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;	A 036		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2020
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH		STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120	
(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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<p>A 036</p>	<p>Continued From page 24</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (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. 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. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.36 B (4) C (2) (d)</p> <p>Based on observation and interview the facility failed to ensure that the following records were being completed, maintained at the facility and available for review:</p> <ol style="list-style-type: none"> 1. A daily/monthly record of the refrigerator/freezer temperatures. 2. The daily/monthly log documenting the 	<p>A 036</p>	<p>(A036) Daily refrigerator and freezer temperatures will be documented on facility logs as well as monthly equipment functional status. Kitchen manager will be responsible for implementing and maintaining all logs. Facility administrator will review monthly to ensure logs are kept and up to date.</p>	<p>2/6/2020</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2133</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED 02/06/2020</p>	
<p>NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF TAYLOR RANCH</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 6004 WHITEMAN DRIVE NW ALBUQUERQUE, NM 87120</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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<p>A 036</p>	<p>Continued From page 25</p> <p>dishwashing machine's cleanliness, functional status, and recorded temperatures.</p> <p>These deficient practices could likely result in all 13 (R #s 1-13) residents listed on the census provided by the Administrator on 02/05/20, being at risk of harm, injury, or illness if:</p> <ol style="list-style-type: none"> 1. Food stored in the refrigerators and freezers is not stored at the correct temperatures resulting in residents eating unsafe food. 2. The dishwasher is not cleaned/tested routinely and the temperatures are not adequate to ensure that the dishes, cups, and utensils used by the residents were sanitized, free from food residue and bacteria. <p>A. On 02/06/20 at 4:50 pm, during observation of the main kitchen revealed:</p> <ol style="list-style-type: none"> 1. No daily logs of the recorded temperatures for all facility refrigerators and freezers. 2. No daily log for the dishwashing machine documenting the machines cleanliness, functional status, and temperatures. <p>B. On 02/06/20 at 4:57 pm, during an interview, the Administrator confirmed the facility is not checking and keeping daily/monthly logs of:</p> <ol style="list-style-type: none"> 1. Refrigerator and freezer temperatures. 2. Dishwasher cleanliness, functional status, and temperatures. 	<p>A 036</p>	
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