

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2127	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2018
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NAME OF PROVIDER OR SUPPLIER BEE HIVE MEMORY LOSS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 508 AIRPORT DRIVE FARMINGTON, NM 87401
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 12/06/18 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.</p> <p>Complaint Intake NM#33374 was unsubstantiated with no deficiencies cited.</p>	A 000		
A 017	<p>7 NMAC 8.2.17 Staff Training</p> <p>STAFF TRAINING:</p> <p>A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents.</p> <p>B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility.</p> <p>C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include:</p> <ol style="list-style-type: none"> (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: <ol style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; 	A 017		

Division of Health Improvement LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/06/18
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A 017	<p>Continued From page 1</p> <p>(10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.17 D</p> <p>Based on record review and interview, the facility failed to ensure that the driver who transports residents had the required transportation training and certificates of completion. This deficient practice has the potential to affect the health and safety of all 16 (R #s 1-16) residents identified on the census provided by the House Manager on 12/03/18. If the driver does not know how to provide the proper methods of safe transportation and assistance then residents safety may be at risk. The findings are:</p> <p>A. Record review of the driver's employee records revealed, no documentation for trainings in transportation safety for the elderly and disabled or safe vehicle operation.</p> <p>B. On 12/03/18 at 9:50 am, during an interview with the House Manager, she confirmed that the driver did not have the documentation for trainings for transportation safety for the elderly</p>	A 017		

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A 017	Continued From page 2 and disabled and safe vehicle operation, and added that the driver has not taken any transportation trainings.	A 017		
A 029	7 NMAC 8.2.29 Transportation TRANSPORTATION: The facility shall either provide transportation or assist the resident in using public transportation. A. The facility ' s motor vehicle transportation assistance program shall include the following elements: (1) resident evaluation; (2) staff training in hazardous driving conditions; (3) safe passenger transport and assistance; (4) emergency procedures and use of equipment; (5) supervised practice in the safe operation of motor vehicles, maintenance and safety record keeping; and (6) copies of employee training certificates that give evidence of successful completion of any applicable course(s) shall be kept on site in the employee files. B. To assist residents in using public transportation, the facility shall provide information on bus schedules, location of bus stops and telephone numbers of taxi cab companies. [7.8.2.29 NMAC - Rp, 7.8.2.30 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.29 A (2-4) Based on record review and interview, the facility failed to ensure that the driver who transports residents had the required transportation training	A 029		

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A 029	<p>Continued From page 3</p> <p>and certificates. This deficient practice has the potential to affect the health and safety of all 16 (R #s 1-16) residents identified on the census provided by the House Manager on 12/03/18, who are transported by the facility. If the driver does not know how to provide the proper methods of safe transportation and assistance, then residents may be at risk. The findings are:</p> <p>A. Record review of the driver's employee file revealed, no documentation of transportation trainings for:</p> <ol style="list-style-type: none"> 1. Hazardous driving conditions. 2. Safe passenger transport and assistance. 3. Emergency procedures and use of equipment. <p>B. On 12/03/18 at 9:50 am, during an interview with the House Manager, she confirmed that the driver did not have the documentation trainings for:</p> <ol style="list-style-type: none"> 1. Hazardous driving conditions. 2. Safe passenger transport and assistance. 3. Emergency procedures and use of equipment 	A 029		
A 032	<p>7 NMAC 8.2.32 Reporting of Incidents</p> <p>REPORTING OF INCIDENTS:</p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.</p>	A 032		

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A 032	<p>Continued From page 4</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:</p> <p>(1) a narrative description of the incident;</p> <p>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</p> <p>(3) plans for further actions in response to the incident.</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1)</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W. & 8 B. (2)</p> <p>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's</p>	A 032		

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A 032	<p>Continued From page 5</p> <p>order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure that 2 (R #s 4 & 5) of 5 (R #s 1-5) residents whose files were reviewed for compliance had incidents reports of abuse, neglect, exploitation and aggressive behaviors reported to the Licensing Authority within 24 hours, or the next business day if a holiday or weekend. This deficient practice has the potential for all residents to be at risk of harm, injury, and/or death, if there is no oversight by the Licensing Authority because the facility failed to report incidents of abuse, neglect, and exploitation. The findings are:</p> <p>Findings for R #4:</p>	A 032		

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A 032	<p>Continued From page 6</p> <p>A. Record review of R #4's resident file revealed, there was no documentation that the following incidents were reported to the Licensing Authority:</p> <ol style="list-style-type: none"> 1. Incident Report dated 09/24/18 (Aggression, Resident to Staff physical abuse) stated, that R #4 slapped DCS #5 around the face with a piece of clothing and pulled her [DCS#5] by her arms towards his bed and injured her [DCS#5] finger. 2. Incident Report dated 09/25/18 (Resident to Family member physical abuse) stated that R #4 walked into R #6's room, was asked to leave the room and resident grabbed R #6's [REDACTED] and threw [REDACTED] against the wall causing [REDACTED] 3. Incident Report dated 10/03/18 (Resident to Resident physical abuse) stated that "[Name of R #4] walked into [Names of R #s 7 & 8's] shared room, held [REDACTED] fist up at R #7, and [REDACTED] [R#7's] [REDACTED] 4. Incident Report dated 10/21/18 (Resident to Staff verbal/physical abuse) stated that R #4 hit DCS #3 on the arm and broke her nail while redirecting [REDACTED] [R #4]. 5. Incident Report dated 10/21/18 (Resident to Resident/Staff verbal/physical abuse) stated that R #4 hit DCS #4 on the chest while staff was redirecting [REDACTED] [R #4]. 6. Incident Report dated 10/23/18 (injury of unknown origin) stated, that R #4 had a scratch (does not state where scratches were on the body). <p>Findings for R #5:</p> <p>B. Record review of R #5's resident file revealed an incident report dated 08/10/17 (Resident to Resident physical abuse) that stated R #8 became [REDACTED] with R #5 and hit the resident in the [REDACTED]. There was no documentation</p>	A 032		

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A 032	Continued From page 7 that the incident was reported to the Licensing Authority. C. On 12/03/18 at 9:06 am, during an interview with the House Manager, she confirmed the incident report findings listed above for R #s 4 and 5.	A 032		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.	A 033		

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A 033	Continued From page 8 D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without	A 033		

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A 033	<p>Continued From page 9</p> <p>unreasonable restriction;</p> <p>(e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility;</p> <p>(f) have an environment that fosters social interaction and avoids social isolation;</p> <p>(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;</p> <p>(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation;</p> <p>(i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner;</p> <p>(j) have the right to participate in the development of their care plan/ISP;</p> <p>(k) have the right to choose a doctor, pharmacist and other health care provider(s);</p> <p>(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney;</p> <p>(m) have the right to keep and use personal possessions without loss or damage;</p> <p>(n) have the right to manage and control their personal finances;</p> <p>(o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management;</p> <p>(p) shall not be required to work for the facility; and</p> <p>(q) are protected from unjustified room transfers or discharge.</p> <p>E. The resident's rights shall not be restricted unless this restriction is for the health and safety</p>	A 033		

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A 033	<p>Continued From page 10</p> <p>of the resident, agreed to by the resident or the resident's surrogate decision maker and outlined in the resident's individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.33. D (4)</p> <p>Based on observation and interview, the facility failed to ensure for 1 (R #9) of 1 (R #9) resident was provided a hygienically clean odor-free environment. This deficient practice has the potential for resident to be at risk of harm from illness or skin conditions if staff are not meeting the personal hygiene needs of the resident. The findings are:</p> <p>A. On 12/04/18 at 10:48 am, during an observation of R #9's room, it was observed that the room had a foul smell of odor.</p> <p>B. On 12/04/18 at 10:50 am, during an interview with the House Manager, she confirmed that there was a foul smell of odor in R #9's room and also added that the resident (has a diagnosis of [REDACTED] refuses to take a shower, does not like to wear adult briefs, [REDACTED] does not like any assistance with personal hygiene, stayed in bed all day, and when going to the rest room, [REDACTED])</p>	A 033		
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>MEDICATIONS: Administration of medications or</p>	A 035		

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A 035	<p>Continued From page 11</p> <p>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.</p> <p>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 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</p>	A 035		

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A 035	<p>Continued From page 12</p> <p>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> <ol style="list-style-type: none"> (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; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); 	A 035		

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A 035	<p>Continued From page 13</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;</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> <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> <p>(1) the resident's name;</p> <p>(2) the name of the medication;</p> <p>(3) the date that the prescription was issued;</p>	A 035		

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A 035	<p>Continued From page 14</p> <p>(4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber.</p> <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>This REQUIREMENT is not met as evidenced by: 7.8.2.35</p> <p>Based on record review and interview, the facility failed to ensure the safety and welfare for 4 (R #s 2, 6, 10 and 11) of 4 (R #s 2, 6, 10 and 11) residents who had bedrails in use without having physician orders. This deficient practice has the potential for residents to be at risk or harm, injury, or death if bedrails are being used without being monitored by a physician and the resident falls or becomes entangled in, climbs over or around the bedrails. The findings are:</p> <p>A. On 12/05/18 at 8:15 am, during an observation of the facility, it was observed that R #s 2, 6, 10, & 11 beds had bedrails attached.</p>	A 035		

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A 035	Continued From page 15 B. Record review of R #s 2, 6, 10 & 11 resident files revealed, no documentation of a physician's order for the use of bedrails. C. On 12/05/18 at 10:00 am, during an interview with the House Manager, she confirmed that R #s 2, 6, 10 & 11 beds had attached bedrails and there were no physician orders for the bedrials.	A 035		
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 038		

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A 038	<p>Continued From page 16</p> <p>by: 7.8.2.38</p> <p>Based on observation and interview, the facility failed to ensure for 1 (R #9) of 1 (R #9) resident was provided a hygienically clean odor free environment. This deficient practice has the potential for the resident to be at risk of harm from illness or skin conditions, if staff are not meeting the personal hygiene needs of the resident. The findings are:</p> <p>A. On 12/04/18 at 10:48 am, during observation of R #9's room, it was observed that the room had a foul smell of odor.</p> <p>B. On 12/04/18 at 10:50 am, during an interview with the House Manager, she confirmed that there was a foul smell of odor in R #9's room and also added that the resident [has a diagnosis of ██████████] refuses to take a shower, does not like to wear adult briefs, ██████ does not like any assistance with personal hygiene, stayed in bed all day, and when going to the rest room ██████████</p>	A 038		
A 043	<p>7 NMAC 8.2.43 Hazardous Areas</p> <p>HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms.</p>	A 043		

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A 043	<p>Continued From page 17</p> <p>A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either:</p> <p>(1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or</p> <p>(2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or</p> <p>(3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection.</p> <p>B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.43 A (3)</p> <p>Based on observation and interview, the facility failed to ensure that there were no drywall penetrations/holes in ceiling and walls of the gas-fired furnace room with 2 furnaces (hazardous area). This deficient practice presents a risk of harm, injury, or death for all 16 (R #s 1-16) residents identified on the census</p>	A 043		

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A 043	Continued From page 18 provided by the House Manager on 12/03/18 and all occupants of the building. If a fire were to occur and the smoke and flames spread into the attic and throughout the building at an decelerated speed due to the dry penetrations/holes in the ceiling and wall. The findings are: A. On 12/06/18 at 10:00 am, during an observation of the furnace room, it was observed that there were drywall penetrations/holes around the outside of the exhaust vent pipe and electrical wire on the ceiling, and around the copper wire going into the wall. B On 12/06/18 at 10:15 am during an interview with the House Manager, she confirmed that the furnace room had a dry wall penetration/holes around the outside of the exhaust vent pipe and electrical wire on the ceiling, and around the copper wire on the wall.	A 043		
A 049	7 NMAC 8.2.49 Doors DOORS: A. No door in any means of egress shall be locked against egress when the building is occupied. (1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided these devices are operable from the inside, by any occupant, without the use of a key, tool, or any special knowledge and are mounted at a height not to exceed forty-eight (48) inches above the finished floor. (2) If locks are not readily operable by all occupants within the building, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of	A 049		

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A 049	<p>Continued From page 19</p> <p>power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing authorities having jurisdiction.</p> <p>B. All exit doors shall have a minimum width of thirty-six (36) inches.</p> <p>(1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward.</p> <p>(2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors.</p> <p>(3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide.</p> <p>C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction.</p> <p>D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities.</p> <p>E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside.</p> <p>F. All doors shall readily open from the inside.</p> <p>G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms.</p> <p>[7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.49 A (2) F</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> Exit door locks could be operated by all residents/occupants of the facility. 	A 049		

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A 049	<p>Continued From page 20</p> <p>2. Resident room doors can be readily opened from the inside. These deficient practices have the potential for all 16 (R #s 1-16) residents (all with a diagnosis of [REDACTED] identified on the census provided by the House Manager on 12/03/18 to be at risk of harm, injury, or death if:</p> <p>1. A fire or other emergency requiring evacuation were to occur and residents/occupants are unable to exit the facility.</p> <p>2. The residents room doors are locked and residents are not able to readily open it in the event of a fire, loss of power, or an emergency that requires evacuation. The findings are:</p> <p>Findings for Exit Doors:</p> <p>A. On 12/03/18 at 9:30 am, during an observation of the front, South, and North exit doors, they were observed to have door handles with a turn knob lock and a deadbolt, that could not be opened by all residents and occupants of the facility.</p> <p>B. On 12/03/18 at 2:35 pm, during an interview with the House Manager, she confirmed that the front, south, and north exit doors all had handles with turn knob locks and deadbolts. that could not be opened by all residents and occupants of the building.</p> <p>Findings for Residents Door Handles:</p> <p>C. On 12/05/18 at 9:50 am, during observation and tour of the facility, it was observed that R #s 1-16's rooms had door handles with turn knob locks that did not readily open (with one motion) from the inside.</p> <p>D. On 12/05/18 at 10:30 am, during an interview</p>	A 049		

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A 049	Continued From page 21 with the Maintenance Man, he confirmed that the R #s 1-16's rooms had door handles with turn knob locks that did not readily open (with one motion) from the inside.	A 049		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.70 F 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2)	A 070		

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A 070	<p>Continued From page 22</p> <p>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP, or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure that 2 (R #s 4 & 5) of 5 (R #s 1-5) residents whose files were reviewed for compliance had incidents reports of abuse, neglect, exploitation and aggressive behaviors reported to the Licensing Authority within 24 hours, or the next business day if a holiday or weekend. This deficient practice has the potential for all residents to be at risk of harm, injury, and/or death, if there is no oversight by the</p>	A 070		

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A 070	<p>Continued From page 23</p> <p>Licensing Authority because the facility failed to report incidents of abuse, neglect, and exploitation. The findings are:</p> <p>Findings for R #4:</p> <p>A. Record review of R #4's resident file revealed, there was no documentation that the following incidents were reported to the Licensing Authority:</p> <ol style="list-style-type: none"> 1. Incident Report dated 09/24/18 (Aggression, Resident to Staff physical abuse) stated, that R #4 [REDACTED] DCS #5 around the face with a piece of clothing and pulled her [DCS#5] by her arms towards [REDACTED] bed and injured her [DCS#5] finger. 2. Incident Report dated 09/25/18 (Resident to Family member physical abuse) stated that R #4 walked into R #6's room, was asked to leave the room and resident grabbed R #6's [REDACTED] and threw [REDACTED] against the wall causing [REDACTED] 3. Incident Report dated 10/03/18 (Resident to Resident physical abuse) stated that "[Name of R #4] walked into [Names of R #s 7 & 8's] shared room, held [REDACTED] fist up at R #7, and [REDACTED] [R#7's] [REDACTED] 4. Incident Report dated 10/21/18 (Resident to Staff verbal/physical abuse) stated that R #4 hit DCS #3 on the arm and broke her nail while redirecting [REDACTED] [R #4]. 5. Incident Report dated 10/21/18 (Resident to Resident/Staff verbal/physical abuse) stated that R #4 hit DCS #4 on the chest while staff was redirecting [REDACTED] [R #4]. 6. Incident Report dated 10/23/18 (injury of unknown origin) stated, that R #4 had a scratch (does not state where scratches were on the body). <p>Findings for R #5:</p>	A 070		

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A 070	<p>Continued From page 24</p> <p>B. Record review of R #5's resident file revealed an incident report dated 08/10/17 (Resident to Resident physical abuse) that stated R #8 became [REDACTED] with R #5 and hit the resident in the [REDACTED]. There was no documentation that the incident was reported to the Licensing Authority.</p> <p>C. On 12/03/18 at 9:06 am, during an interview with the House Manager, she confirmed the incident report findings listed above for R #s 4 and 5.</p>	A 070		