

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1st Original</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2008
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF DEMING	STREET ADDRESS, CITY, STATE, ZIP CODE 1721 SOUTH SANTA MONICA DEMING, NM 88030
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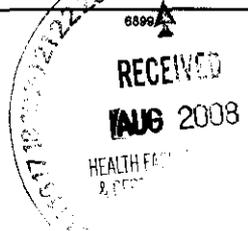
A19	<p>7 NMAC 8.2.19 Admissions</p> <p>7.8.2.19 ADMISSIONS: No resident shall be admitted or retained who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. EXCEPTION: Maternity Shelters may accept residents below the age of eighteen (18).</p> <p>A. ADMISSION INTERVIEW. The Director of the facility or a designee responsible for admission and retention decisions, shall meet with the resident or the resident's agent or guardian, if the resident lacks decision-making capacity, and shall provide the resident with:</p> <ol style="list-style-type: none"> (1) The facility's program narrative. (2) The facility's rules. (3) The facility's admission agreement, including costs and charges, refund provision, and contract termination policies. (4) The facility's bed hold policy. (5) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (6) A written description of the legal rights of the residents translated into another language, if necessary. (7) The facility's staffing pattern. <p>B. RESTRICTIONS ON ADMISSIONS: Adult residential care facilities shall not admit or retain individuals requiring continuous nursing care. Conditions or circumstances that usually require continuous nursing care, may include, but not limited to the following:</p> <ol style="list-style-type: none"> (1) Ventilator dependency. (2) Pressure sores where skin loss penetrates beyond the skin, and into deeper tissue or bone, which are classified as Stage III or IV. (3) Intravenous therapy or injections directly into the vein. 	A19	<p><i>Admissions: A19</i></p> <p><i>Correction:</i></p> <p><i>In the future we will ask to see the discharge papers from the nursing home or hospital before re-admitting a resident to make sure that they do not state the resident has any disqualifying restrictions.</i></p> <p><i>If there is any question of a greater degree of care being needed when re-admitting a resident than we normally provide, then we will call for a Team Meeting. The team meeting shall include the Administrator; the resident; the resident's guardian or decision maker; a resident advocate like an ombudsman or social worker; the resident's</i></p> <p style="text-align: right;"><i>Continued next page</i></p>	
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Division of Health Improvement

Gatey Moore

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

TITLE *Administrator* (X6) DATE *8/22/08*



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A19	<p>Continued From page 1</p> <p>(4) Airborne infectious disease, in a communicable state, including tuberculosis, but excluding infections such as the common cold.</p> <p>(5) Any condition requiring either physical or chemical restraints.</p> <p>(6) Nasogastric tubes / gastric tubes.</p> <p>(7) Tracheostomy care.</p> <p>(8) Individuals presenting an imminent physical threat or danger to self or others.</p> <p>(9) Individuals whose physician certifies that placement is no longer appropriate.</p> <p>C. ADMISSION/RETENTION EXCEPTIONS: If a resident requires a greater degree of care than the facility would normally provide, or is permitted to provide, and the resident wishes to be re-admitted or to remain in the facility, and the facility wishes to re-admit or retain the resident, the facility must:</p> <p>(1) Convene a team, comprised of:</p> <p>(a) The facility director.</p> <p>(b) The resident.</p> <p>(c) The resident's agent, guardian or surrogate decision maker.</p> <p>(d) The resident's advocate, such as the resident's case manager, Ombudsman, or social worker.</p> <p>(e) If the treating physician is unable to meet with the team, then consultation and recommendations via phone is acceptable.</p> <p>(f) Other appropriate health care professionals.</p> <p>(2) The team shall jointly determine if the resident should be admitted or allowed to remain in the facility. The team must approve a individual service plan that meets the specific needs of the resident. Such team approval must be in writing, signed and dated by all team members, must be maintained in the resident's record, and must:</p> <p>(a) Be based upon a individual service plan which identifies the resident's specific needs</p>	A19	<p><i>(Continued from page 1)</i> <i>doctor and and any other appropriate health care professionals. If the doctor is unavailable, we can consult and accept recommendations via phone call.</i></p> <p><i>The team will determine if the resident should be allowed to remain in the facility and will approve an individual service plan that meets the specific needs of the resident. This report with approval, must be in writing and signed and dated by all team members, and a copy retained in the resident's chart.</i></p> <p><i>The team plan will be based on the resident's special needs and describes how those needs will be met.</i></p> <p><i>continued next page</i></p>	

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A19	<p>Continued From page 2</p> <p>and addresses the manner that such needs will be met.</p> <p>(b) Ensure that the facility has and will maintain an evacuation rating of prompt or slow as determined by the Fire Safety Equivalency System (FSSES).</p> <p>(c) Be based upon an assessment of the health, safety and well-being of the other facility residents.</p> <p>(d) Assess the impact that meeting the specific needs of the resident as set out in the individual service plan will have on the staff and on the other residents.</p> <p>(3) Notify the Licensing Authority within five (5) days of the completion of team approval. Such notification of team approval must be submitted in writing and include evidence of the team's consideration of items 7.8.2.19C2(a) through 7.8.2.19C2(d) above. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.19 NMAC - Rn. 7 NMAC 8.2.19, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: REFER TO 7.8.2.19 C. ADMISSION/RETENTION EXCEPTIONS:</p> <p>Based on record review and interview the facility failed to convene a team to determine if it was appropriate to readmit a resident requiring a greater degree of care than the facility would normally provide for 1 resident (R9). The findings are:</p> <p>A) Record review on 8/6/08 revealed resident R9 was in a rehabilitation facility for a right leg fracture, decubitus on the right heel and a wound on the right shin. Resident was R9 was re-admitted to the facility on 7/19/08 from the</p>	A19	<p><i>(Continued from page 2)</i></p> <p><i>The facility, Beehive Homes will ensure that it is able to maintain a prompt or slow evacuation rating per the Fire Safety Equivalency System and based on the safety and well-being of the other facility residents.</i></p> <p><i>The Administrator will also assess the impact that meeting the special needs as laid out in the individual service plans of the re-admitted resident will have on the staff and other residents so that it will not be out of balance.</i></p> <p><i>When a Team Meeting is called, the Administrator will notify in writing the Licensing Authority within 5 (five) days of the Team's approved decisions regarding the</i></p> <p><i>Continued over page</i></p>	

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A19	Continued From page 3 rehabilitation facility and there was no documentation a team meeting was held to determine if re-admission was appropriate. B) In an interview with the administrator on 8/6/08 at 3:31 pm, the administrator acknowledged resident R9 was re-admitted to the facility and no team meeting was held to determine if re-admission was appropriate. The administrator further acknowledged resident R9 was receiving nursing services for care of the decubitus and the leg wound from a home health agency. C) In an interview with the administrator on 8/12/08 at 9:00 AM, the administrator acknowledged resident R9 was examined by a physician on 8/11/08 and diagnosed with a stage III pressure sore (decubitus) on her right heel and also diagnosed with Osteomyelitis in her right leg. The administrator further acknowledged resident R9 should not have been re-admitted to this facility.	A19	<i>(Continued from page 3) the 7.8.2.19 A (The Admission Interview), B (Restriction on Admissions) and C (Admission/Retention Exceptions) and any other regulations pertaining to this problem. The staff will be vigilant for further problems with all re-admissions to make sure there are no restrictions before allowing re-admission. All of these changes are effective immediately 8/22/08 as of 8/18/08.</i>	
A27	7 NMAC 8.2.27 Individual Services Plan 7.8.2.27 INDIVIDUAL SERVICE PLAN: A. An individual service plan, if prompted by the resident assessment, shall be developed and implemented within fourteen (14) days of admission, and must address those areas of need as identified in the resident assessment. The individual service plan must be reviewed by a licensed nurse at least every six (6) months, and revised as needed at the time of each assessment and consistently implemented in response to the resident's needs. B. The individual service plan must include the following: (1) Description of identified needs as	A27	<i>Individual Services Plans A-27 Individual Service Plans meet total revision and brought up to date to accommodate the state regulation above. Administrator will base individual service plans on initial resident assessment and be put into place within fourteen (14) days of admission (Continued over page)</i>	

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A27	<p>Continued From page 4</p> <p>noted in the resident assessment.</p> <p>(2) Written description of what services will be provided.</p> <p>(3) Who will provide the services.</p> <p>(4) When or how often the services will be provided.</p> <p>(5) How the services will be provided.</p> <p>(6) Where the services will be provided.</p> <p>(7) Goal and outcome of the service.</p> <p>(8) Documentation of the facility's determination that it is able to meet the needs of the resident. [7-11-86, 1-11-90, 4-7-97; 7.8.2.27 NMAC - Rn, 7 NMAC.8.2.27, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: REFER TO 7.8.2.27 B. (1 through 8) INDIVIDUAL SERVICE PLAN</p> <p>Based on record review and interview the facility failed to address all the identified needs from the resident assessment on the Individual Service Plan (ISP) for 3 of 3 residents (R9, R2, & R5). The findings are:</p> <p>A) Record review on 8/12/08 of the assessment for resident R9 revealed identified needs of assistance with blurred vision, dressing, bathing, and is hearing impaired and none of these identified needs were addressed on the ISP for resident R9.</p> <p>B) Record review on 8/12/08 of the assessment for resident R2 revealed identified needs of assistance with medications, dressing, and is hearing impaired and none of these identified needs were addressed on the ISP for resident R2.</p> <p>C) Record review on 8/12/08 of the assessment</p>	A27	<p><i>(Continued from page 4)</i></p> <p><i>It will address those areas identified with need, and the individual service plans will be reviewed by the licensed consulting nurse when initiated and then every six months and revised according to resident's needs.</i></p> <p><i>The Administrator immediately revised service plans starting with Residents described as R9, R2, and R5. All other service plans have also been revised to bring all plans up-to-date with the initial assessments plus on-going assessments. The plans include the description of needs noted in the assessment; written description of what services will be provided; who will provide those services; when and how often the services will be provided; how the services will be provided;</i></p> <p><i>continued over page</i></p>	
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A27	Continued From page 5 for resident R5 revealed identified needs with incontinence, hearing, vision, forgetfulness, activities of daily living, bathing, mobility, and is uncooperative and none of these identified needs were addressed on the ISP for resident R5. D) In an interview with the administrator on 8/13/08 at 12:33 pm, the administrator acknowledged that the needs for assistance with activities of daily living were not addressed on the ISP for residents' R9, R2, and R5.	A27	<i>(Continued from page 5) where the services will be provided; goals and outcome of the service; and documentation that the facility is able to meet those needs. Revision of Individual Service Plans of the first three residents mentioned above was done immediately. All other Service Plans were revised as of the date 8/22/08.</i>	8/22/08
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month:	A63	<i>Staff and Resident Fire A-63 and Safety Training. Staff will conduct monthly fire drills rotating different work shifts. The fire alarm bell will be sounded to start the drill. Written records indicating that has been done will be kept of the fire drill and filed in the facility's Master Operations Book. These will be reviewed monthly. Each one of staff will know the location and how to use the fire extinguishers. Staff will monitor any potential safety hazards. Such as loose bars, frayed electrical cords.</i>	

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A63	<p>Continued From page 6</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department should be requested to supervise and participate in fire drills.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: REFER TO 7.8.2.63 D. Monthly Fire Drills</p> <p>Based on record review and interview the facility failed to conduct at least 1 fire drill each month. The findings are:</p> <p>A) Record review on 8/6/08 revealed the last 2 fire drills were conducted on 5/1/08 and 9/13/07.</p> <p>B) In an interview with staff S21 on 8/6/08 at 1:44 pm, staff S21 acknowledged fire drills were not conducted monthly.</p> <p>REFER TO 7.8.2.63 D. (2) Fire alarm used to conduct fire drills</p>	A63	<p><i>(Continued from page 6)</i></p> <p><i>blocked exits or walkways or any other potential problem. Each new resident will receive orientation regarding location of exits, fire extinguishers and actions to be taken in case of emergency. Written records will include date and time of drill, number of personnel participating in the drill, any problems noted during the drill, and the evacuation time in total minutes. The fire department will be asked to supervise and participate in a fire drill.</i></p> <p><i>The fire drill will emphasize orderly evacuation with proper discipline rather than speed.</i></p> <p><i>A fire drill was held August and Central Dispatch at the Fire Department (546-0354) was notified; it duly recorded and filed. Notification to the staff of the required monthly fire drill was passed</i></p> <p><i>continued on page 7</i></p>	

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A63	Continued From page 7 Based on record review and interview the facility failed to use the fire alarm system to conduct fire drills. The findings are: A) Review of the fire drills on 8/6/08 revealed no record the fire alarm system was used to conduct the drill. B) In an interview with staff S21 on 8/6/08 at 1:44 pm, staff S21 acknowledged the fire alarm system was not used to conduct the fire drills.	A63	<i>(continued from page 7) on to all employees, during an in-service meeting August 20, 2008. The Deming Fire Department was called on 8/6/08 and asked to make an annual inspection of the facility and they came and completed an examination on 8/14/08 and a copy of the report filed.</i>	8/22/08