

Division of Health Improvement

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5861 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/23/2008 |
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| NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF PORTALES | STREET ADDRESS, CITY, STATE, ZIP CODE 1420 S MAIN STREET PORTALES, NM 88130 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|

A19 7 NMAC 8.2.19 Admissions

A19

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).

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:

- (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.

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:

- (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.

*Scanned
11-4-08
CP*

A. During review of the resident records on 10/20/08, there was no documentation that team meetings were held for Residents #2 #3, and #4 who residing at the facility and were receiving nursing services from a home health agency.

B. During an interview on 10/20/08 at 11:30 am with the house manager, she acknowledged that there were no team meetings convened for Residents #2, #3, and #4.

1. House Manager or designee will ensure that team meeting is completed prior to admission to home health/ hospice Agency.

2. House Manager or designee will make sure meetings are held.

3. House Manager or designee will require meeting as

part of our admission process to Beehive.

4. An intervention team meeting will be held prior to resident being put on a home health/ hospice agency.

That dose not meet normal admission standards. The house manager has completed all team meetings on #2, #3 and #4 as of 10/28/08.

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

TITLE

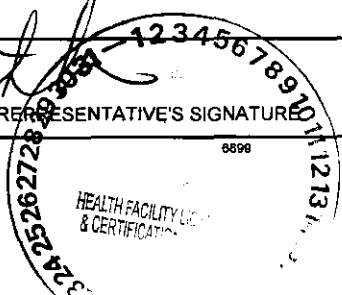
(X6) DATE

STATE FORM

8899

R8DW11

If continuation sheet 1 of 4



[Handwritten Signature]

owner

10-31-08

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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</p> <p>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 | |

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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 (FSES).</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) (1)</p> <p>This is a repeat deficiency from survey dated 07/03/07.</p> <p>Based on record review and interview, the facility failed to convene teams determine if admission/retention was appropriate for 3 of 4 residents who require nursing services. (Residents #2#3, and #4). The findings are:</p> <p>A. During review of the resident records on</p> | A19 | |

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