

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5861	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BEE HIVE HOMES OF POI B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2007
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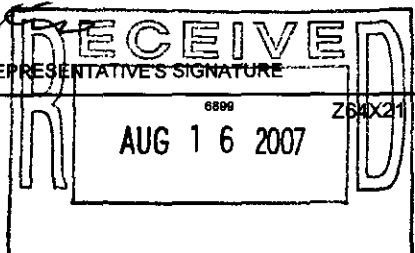
NAME OF PROVIDER OR SUPPLIER  BEE HIVE HOMES OF PORTALES	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 S MAIN STREET PORTALES, NM 88130
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A 01	<p><b>OPENING REMARKS</b></p> <p>Surveyor: 14514 The following deficiencies were cited as a result of an annual Life Safety Code survey conducted on July 25, 2007 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.</p>	A 01		
A43	<p><b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p>7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following:</p> <p>A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable).</p> <p>B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times.</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514</p> <p>Based on observation and staff interview, the facility's practiced failed to ensure that the</p>	A43	<p>A43</p> <ol style="list-style-type: none"> <li>1. House Manager or designee will on a weekly basis make sure all foundation grills are in place, or as soon as noticed.</li> <li>2. House Manager or designee will on a weekly basis view all foundation grills and verify that they are in place or as soon as noticed.</li> <li>3. House Manager or designee will make sure there is a walk through inspection of the property outside after the lawn has been mowed to make sure all foundation grills are intact.</li> </ol>	8/7/07

*Scanned  
8/21/07  
CP*

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM	<i>Daniel J. [Signature]</i>	TITLE <i>DWNSR</i>	(X8) DATE <i>8-15-07</i>
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NAME OF PROVIDER OR SUPPLIER  <b>BEE HIVE HOMES OF PORTALES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 S MAIN STREET PORTALES, NM 88130</b>		
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A43	Continued From page 1  building and grounds be maintained in a safe, sanitary and presentable condition at all times in accordance with the regulations, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 14 and the census was 11. The findings are:  On July 25, 2007 between 10:30 am and 2:30 pm, during record review with the House Manager, the Life Safety Code Surveyor observed the following.  1. On the south side of the facility building, there were two foundation vents with the grills missing. 2. On the west side of the facility building, there were two foundation vents with the grills missing. 3. The House Manager stated that she thought the grills had been knocked off while the grass was being mowed and trimmed along the perimeter of the house.	A43		
A52	7 NMAC 8.2.52 SEPARATION OF SLEEPING ROOMS  7.8.2.52 SEPARATION OF SLEEPING ROOMS: A. All sleeping rooms shall be separated from escape route corridors by walls and doors that are smoke resistant. There shall be no passages, louvers, or transfer grills penetrating the wall to other spaces in the building. B. All sleeping rooms shall be provided latches or other mechanisms suitable for keeping the doors closed. C. Every sleeping room shall have access to a primary means of escape located to provide a path to the exterior, without exposure to unprotected vertical openings. Where sleeping rooms are above or below the level of exit discharge, the primary means of escape shall be;	A52	A52  1. House Manager or designee will perform monthly inspections of all resident room doors to insure they are latching properly. 2. House Manager or designee will perform monthly inspections of all resident room doors to insure they are latching properly.	

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A52	Continued From page 2  (1) Enclosed interior stairway; or (2) Exterior stair; or (3) Horizontal exit; or (4) existing approved fire escape stair. D. Every sleeping room shall provide a secondary means of escape which may be any one of the following: (1) A door leading directly to the outside, at or to grade level; or (2) Door, stairway, passage or hall remote from the primary escape and to the exterior; or (3) An outside window or door, operable without tools from the inside with a minimum clear opening of twenty (20) inches wide by twenty-four (24) inches high. The bottom of the opening from the floor is a maximum of forty-four (44) inches. The means of escape is acceptable if the bottom of the window is no more than twenty (20) feet above grade or is accessible to fire department rescue apparatus approved by the authority having jurisdiction, or it opens onto an exterior balcony; or (4) Bars, grills, grates or similar devices may be installed on emergency escape or rescue windows or doors only if equipped with release mechanisms which are operable from the inside without the use of a key or special knowledge or effort. E. Stairways and other vertical openings between floors are enclosed with construction providing a smoke and fire resistance rating of not less than twenty (20) minutes. Open stairways between floors are not permitted. [9-4-6, 7-1-86, 1-11-90, 4-7-97; 7,8,2,52 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 Based on observation and Staff interview, the	A52	3. House Manager or designee will examine all door repairs to ascertain that the repairs were performed correctly.	8/7/07

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A52	Continued From page 3  facility's practice failed to ensure all sleeping rooms are separated from escape route corridors by walls and doors that are smoke resistant, and that doors are provided with latches or mechanisms suitable for keeping them closed, affecting residents and staff throughout the facility. The licensed capacity of the facility is 14, the census during the survey was 11. The findings are:  On July 25, 2007, between 10:30 am and 12:30 pm, During a tour of the facility with the House Manager, the Life Safety Code Surveyor observed the following:  1. When Tested, the door leading from Resident room #10 to the corridor closed but did not latch. 2. When tested, the door leading from Resident Room #9 to the corridor closed but did not latch. 3. The House Manager stated that these doors had just recently been worked on and should have been working properly	A52		
A60	<b>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP</b>  <b>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:</b> <b>A. FIRE ALARM SYSTEM:</b> A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. <b>EXCEPTION:</b> Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. <b>B. SMOKE AND HEAT DETECTION:</b> Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room	A60	<b>A60</b>  1. (a) The House Manager or designee will make sure the fire alarm inspection report will be available at all times for Life Safety Code Surveyor when needed. (b) The House Manager or designee will require these inspections to be performed quarterly starting 08/07/07.	

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A60	<p>Continued From page 4</p> <p>must also be provided with smoke detectors.</p> <p>(1) Detectors shall be powered by the house electrical service and have battery back up.</p> <p>(2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room.</p> <p>(3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing.</p> <p>(4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 14514</p> <p>NFPA 72, 1999 Edition: Section 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure that the fire alarm system and its components are</p>	A60	<p>(c) The House Manager or designee will require a report and not just an invoice after inspections have been conducted.</p> <p>2. The House Manager or designee will retain and provide an inspection report of fire sprinkler system, pull stations, smoke detectors, emergency and exit lights as of 08/07/07.</p>	8/7/07

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A60	Continued From page 5  maintained and inspected in accordance with NFPA 72 (National Fire Alarm Code) affecting residents and staff throughout the facility. The licensed capacity of the facility is 14, the census during the survey was 11. The findings are:  On July 25, 2007, between 10:30 am and 12:30 pm, during a tour of the facility with the House Manager, the Life Safety Code Surveyor observed the following:  1. (a) Documentation indicating that the fire alarm had been inspected within the last year was not in evidence. (b) The last documented fire alarm inspection report made available was dated 10/18/2005. (c) There was a invoice dated 10/19/2006 from a professional firm indicating that the fire alarm system was inspected along with the annual inspection of the fire sprinkler system, pull stations, smoke detectors, emergency and exit lights. 2. The House Manager stated that all she had on record was the invoice of the inspections but no report.	A60		
A61	<b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM</b>  <b>7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM:</b> Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]  This REQUIREMENT is not met as evidenced by:	A61	<b>A61</b>  1. (a) The House Manager or designee will obtain and have available for inspection quarterly reports on the fire sprinkler system.	

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A61	<p>Continued From page 6</p> <p>Surveyor: 14514 Reference NFPA 101, 1997 Edition: Section 7-7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be installed, tested, and maintained in accordance with NFPA 25, (Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems).</p> <p>Reference NFPA 25, 1998 Edition: Section 1-8. Records. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and preaction valves.</p> <p>Reference NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.</p> <p>Reference NFPA 25, 1-4.4 The owner or occupant promptly shall correct or repair deficiencies, damaged parts, or</p>	A61	<p>(b) The House Manager or designee will confirm that the fire sprinkler system inspections will be performed on a quarterly basis starting as of 08/07/07.</p> <p>2. The House Manager or designee will make sure she is up to date on any policy and procedure as mandated by state requirements.</p>	8/7/07

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A61	<p>Continued From page 7</p> <p>impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor.</p> <p>Reference NFPA 13 Section 1-5.1 Maintenance: A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition.</p> <p>Based on record review and staff interview, the facility's practice failed to provide documentation of quarterly testing, and to ensure the sprinkler system was maintained in accordance with NFPA 13, (Standard for the Installation, Testing and Maintenance of Water-Based Fire Protection Systems) and NFPA 25, (Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems), affecting residents and staff throughout the facility. The licensed capacity of the facility is 14, the census during the survey was 11. The findings are:</p> <p>On July 25, 2007 between 10:30 am and 2:30 pm, during record review with the House Manager, the Life Safety Code Surveyor observed the following.</p> <p>1. (a) There was not any documented quarterly fire sprinkler system inspection reports in evidence at the facility. (b) There was a invoice dated 10/19/2006 from a professional firm indicating that the fire sprinkler system was inspected along with the annual inspection of the fire alarm system, pull stations,</p>	A61		

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A61	Continued From page 8  smoke detectors, emergency and exit lights. 2. The House Manager stated that she was unaware the fire sprinkler system was required to be inspected on a quarterly basis, and that she believed that it was only being inspected annually along with the fire alarm system.	A61		
A63	<b>7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING</b>  <b>7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING:</b> 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: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.	A63	<b>A63</b>  1. (a) The House Manager or designee will require that fire drills be conducted within a 24-hour period at different shift times. (b) Starting on 08/07/07, the House Manager or designee will require fire drills be conducted at different times during a 24 hour period.  <b>A63</b>  1. (a) Starting on 08/07/07 the House Manager or designee will make sure fire drills are conducted at different times during a 24 hour period.	

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A63	<p>Continued From page 9</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. [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: Surveyor: 14514</p> <p>NFPA 72, 1999 Edition: Section 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure</p>	A63	(b) The House Manager or designee will make sure starting now that each time a fire drill is conducted, the pull stations will be used or the fire alarm activated.	8/7/07

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A63	<p>Continued From page 10</p> <p>that fire drills are conducted monthly at different times in accordance with NFPA 72 (National Fire Alarm Code) affecting residents and staff throughout the facility. The licensed capacity of the facility is 14, the census during the survey was 11. The findings are:</p> <p>On July 25, 2007 between 10:30 am and 2:30 pm, during record review with the House Manager the Life Safety Code Surveyor observed the following.</p> <p>1. (a) The House Manager indicated that there are three shifts within a 24 hour period. Those shift times are 7:00 am to 3:00 pm, 3:00 pm to 11:00 pm and 11:00 pm to 7:00 am.</p> <p>(b) Fire drill records indicated that all fire drills within the past 12 months have all been conducted during the 7:00 am to 3:00 pm shift between the hours of 11:00 am and 1:30 pm.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure that the fire alarm system and its components (including smoke alarms) are tested during the fire drills and maintained in accordance with NFPA 72 (National Fire Alarm Code) affecting residents and staff throughout the facility. The licensed capacity of the facility is 14, the census during the survey was 11. The findings are:</p> <p>On July 25, 2007 between 10:30 am and 2:30 pm, during record review with the House Manager the Life Safety Code Surveyor observed the following.</p> <p>1. (a) Fire drill records indicated that all fire drills within the past 12 months have all been conducted during the 7:00 am to 3:00 pm shift</p>	A63		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5861</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BEE HIVE HOMES OF POI</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEE HIVE HOMES OF PORTALES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 S MAIN STREET PORTALES, NM 88130</b>		
(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
A63	Continued From page 11  and between the hours of 11:00 am and 1:30 pm. (b) The House Manager stated that about half of the recorded drills in the past 12 months were conducted as silent drills and the fire alarm system had not been activated.	A63		