

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2018
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NAME OF PROVIDER OR SUPPLIER BEEHIVE 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
A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 12/12/18 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.</p> <p>Complaint Intake NM#30368, was substantiated and was identified as past non compliance with no deficiencies cited.</p>	A 000		
A 020	<p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care.</p> <p>A. Admission agreement. The admission agreement shall include the following information:</p> <ol style="list-style-type: none"> (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 	A 020		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Improvement

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A 020	<p>Continued From page 1</p> <p>NMAC;</p> <p>(11) the facility ' s bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit.</p>	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 2</p> <p>Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. 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 remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to 	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 3</p> <p>remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider.</p> <p>[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20</p>	A 020		

Division of Health Improvement

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A 020	<p>Continued From page 4</p> <p>NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (4)</p> <p>Based on record review and interview the facility failed to ensure for 1 (R #4) of 4 (R #s 1-4) residents whose Admission/Discharge Agreement was reviewed for compliance, was accurate and included the cost of monthly services and the method of monthly payments.</p> <p>This deficient practice has the potential for R #4 to be at risk of failing to make the correct required monthly payments to the facility if:</p> <ol style="list-style-type: none"> 1. The Resident and/or Power of Attorney's do not know the monthly amount owed to the facility. 2. The correct method of making payments is not known and the facility does not receive the payment. The findings are: <p>A. Record review of R #4's Admission/Discharge agreement dated 10/30/17 did not include the monthly amount due for living in the facility and the method in which the monthly payments are made to the facility.</p> <p>B. On 12/11/18 at 11:15 am during an interview with the House Manager, she confirmed that R#4's Admission Agreement was missing the monthly amount due for living in the facility and the method in which the monthly payments are made to the facility.</p>	A 020		

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A 037	Continued From page 5	A 037		
A 037	<p>7 NMAC 8.2.37 Laundry Services</p> <p>LAUNDRY SERVICES:</p> <p>A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service.</p> <p>(1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment.</p> <p>(2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only.</p> <p>(3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease.</p> <p>(4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.</p> <p>(5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.</p> <p>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.</p> <p>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.</p> <p>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.</p> <p>(9) There shall be a clean, dry, well ventilated</p>	A 037		

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A 037	<p>Continued From page 6</p> <p>storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10)</p> <p>Based on observation and interview, the facility failed to ensure cleaning supplies/chemicals were kept in a secured room, closet, or cabinet. The deficient practice has the potential for all 11 (R #s 1-11) residents identified on the census list provided by the House Manager on 12/10/18, to be at risk of harm or injury if they were to ingest or spill cleaning supplies on their face or body. The findings are:</p> <p>A. On 12/12/18 at 10:00 am, during an observation of the unlocked laundry room, the following cleaning supplies/chemicals's were observed being stored in unlocked cabinets and accessible to residents:</p> <ol style="list-style-type: none"> 1. Cabinet #1: <ol style="list-style-type: none"> a. 1- 1 gallon of bleach. b. 1- 4.08 lb (pound) laundry detergent. c. 1- container 35 antibiotic wipes. d. 1- 1.75 oz (ounce) bottle glue. e. 1- 5 pk (package) of liquid air freshener plug ins 	A 037		

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A 037	<p>Continued From page 7</p> <p>2. Cabinet #2:</p> <ul style="list-style-type: none"> a. 1- 32 oz bottle of cleaner. b. 1- 16 oz bottle of pre-wash spray. c. 1- 22 oz spray bottle of cleaner. d. 1- 24 oz bottle of pine cleaner. e. 1- 32 oz bottle of spray cleaner. <p>3. Cabinet #3:</p> <ul style="list-style-type: none"> a. 1- 19 oz can window cleaner. b. 1- 32 oz bottle of hydrogen peroxide. c. 1- 32 oz bottle of isopropyl alcohol. d. 1- 22 oz spray bottle of cleaner. e. 1- box of steel wool cleaning pads f. 1- bottle dog shampoo g. 1- 32 oz bottle of spray cleaner. h. 1- 32 oz bottle carpet cleaner i. 1- 9.7 oz can carpet cleaner j. 1- 32 oz Can carpet cleaner k. 1- gal cleaner. l. 1- 32 oz window cleaner. m. 1- container of 35 cleaner wipes. n. 1-32 oz spray bottle bleach cleaner. o. 1- 15 oz can disinfectant spray. p. 1- 9 oz can dust remover. q. 1-24 oz bottle cleaner. <p>B. On 12/12/18 at 10:40 am during an interview with the House Manager (HM), she confirmed that the above listed cleaning supplies/chemicals were unsecured and being stored in the unlocked laundry room and accessible to residents.</p> <p>C. On 12/12/18 at 1:29 pm, during an observation of the Kitchen cabinets, the following cleaning supplies/chemicals were observed being stored in unsecured cabinets and accessible to residents:</p> <ul style="list-style-type: none"> 1. Kitchen Small sink West wall: <ul style="list-style-type: none"> a. 2-32 oz bottles of spray adhesive remover. b. 1- 9 oz can furniture polish. 	A 037		

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A 037	<p>Continued From page 8</p> <ul style="list-style-type: none"> c. 1- 17 oz calcification (mineral build-up) remover. d. 2-20 oz bottles spray cleaner. e. 1-110 pack of dishwasher pods. f. 1-24 oz bottle of cleaner. <p>2. Kitchen- Double sink on East wall:</p> <ul style="list-style-type: none"> a. 1- 26 oz bottle of cleaner. b. 1- 80 oz bottle of drain clog remover. c. 1- 90 oz dishwashing soap. d. 2-20 oz bottles spray cleaner. e. 1-110 pack of dishwasher pods. f. 1-24 oz bottle of cleaner. <p>3. Kitchen -Unlocked cabinet:</p> <ul style="list-style-type: none"> a. 1- 24 oz can stainless steel spray cleaner. b. 1- 12 oz bottle furniture oil. c. 1-16 oz can oven cleaner. <p>D. On 12/12/18 at 2:18 pm during an interview with the HM, she confirmed that the above listed cleaning supplies/chemicals were stored in an unsecured closet and accessible to residents.</p>	A 037		
A 047	<p>7 NMAC 8.2.47 Lighting and Lighting Fixtures</p> <p>LIGHTING AND LIGHTING FIXTURES:</p> <p>A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible.</p> <p>B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting.</p> <p>C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind.</p> <p>D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff,</p>	A 047		

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A 047	<p>Continued From page 9</p> <p>and protected from accidental breakage or shattering.</p> <p>E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service.</p> <p>F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting.</p> <p>[7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.47 E</p> <p>Based on observation and interview, the facility failed to ensure that there was emergency lighting on the exterior of the facility. This deficient practice has the potential for all 11 (R #s 1-11) residents identified on the census list provided by the House Manager on 12/10/18 and all occupants of the building, to be at risk of harm or injuries if there is a power outage or an emergency that requires evacuation and there is not sufficient lighting to indicate where the exits to the building are. The findings are:</p> <p>A. On 12/12/18 at 10:47 am during an observation there were no emergency lights on the exterior of the facility near the exits on the East, West, or North sides of the building to light the exit pathways and sidewalks.</p> <p>B. On 12/12/18 at 10:55 am during an interview with House Manager and the facility maintenance man, they confirmed that on the East, West, or</p>	A 047		

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A 047	Continued From page 10 North exterior sides of the building there was no emergency lighting that activates automatically to light the exits, exit pathways or sidewalks.	A 047		
A 050	7 NMAC 8.2.50 Exits EXITS: A. The facility shall have at least two (2) approved exits, that do not involve windows and which are remote from each other. B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. C. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. D. Exits shall be clear of obstructions at all times. E. Exits, exit paths, or means of egress shall not pass through hazardous areas, garages, storerooms, closets, utility rooms, laundry rooms, bedrooms, or spaces subject to locking. F. For facilities with four (4) or more residents, sliding doors are not acceptable as a required exit. EXCEPTION: Assisted living facilities with three (3) or fewer residents may have sliding doors as required exits. G. When the yard gate(s) is part of the exit access and is locked, the gate shall be connected to the fire protection system and release upon activation of the fire/smoke system or shall have the ability to be unlocked at the gate site. [7.8.2.50 NMAC - Rp, 7.8.2.51 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 050		

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A 050	<p>Continued From page 11</p> <p>by: 7.8.5.50 E</p> <p>Based on observation and interview, the facility failed to ensure that the East, West and North East/West emergency exit sidewalks/pathways did not pass through potentially hazardous areas with tripping/falling risks. This deficient practice has the potential for all 11 (R #s 1-11) residents on the census list provided by House Manager on 12/10/18, to be at risk of injury or harm if they are not able to safely exit/evacuate the building by choice or if a fire or other emergency requiring evacuation were to occur. The findings are:</p> <p>A. On 12/12/18 at 10:47 am the following was observed:</p> <ol style="list-style-type: none"> 1. The West (back) emergency exit door had no outside emergency lighting. 2. The East (front) emergency exit door had no outside emergency lighting. 3. The Northeast and Northwest emergency exit doors (backyard patio) had no emergency lighting. 4. The West (back) emergency exit grass pathway had no emergency lighting. 5. The East (front) door emergency exit sidewalk/pathway had no outside emergency lighting. 6. The Northeast and Northwest emergency exit sidewalk/pathways that exit the backyard from the backyard patio to the front cement side walk on the North East side of the house had no emergency lighting. <p>B. On 12/12/18 at 10:55 am, during an interview with the Administrator, he confirmed that there were no:</p> <ol style="list-style-type: none"> 1. Emergency lights located at the: <ol style="list-style-type: none"> a. West (back) emergency exit door. 	A 050		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2018
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NAME OF PROVIDER OR SUPPLIER BEEHIVE 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
A 050	Continued From page 12 b. East (front) emergency exit door. c. Northeast and Northwest backyard patio emergency exit doors. 2. Emergency lights at the: a. West (back) emergency exit grass pathway. b. East (front) emergency exit sidewalk/pathway. c. Northeast and Northwest backyard patio emergency exit sidewalk/pathways that exit the backyard through an unlocked gate to the front cement walkway on the Northeast side of the house.	A 050		