

A 000 Initial CommentsA 000

The following deficiencies were cited during a Full-Onsite/Complaint survey completed on [REDACTED] 3 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults.

Census: 10

Complaint Intake [REDACTED] was investigated with deficiencies cited.

Abbreviations:

Direct Care Staff: DCS Resident: R

A 016 7 NMAC 8.2.16 Staff QualificationsA016

STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.

A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator.

Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall:

- (1) be at least twenty-one (21) years of age;
- (2) have a high school diploma or its equivalent;
- (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC;
- (4) complete a state approved certification program for assisted living administrators;
- (5) be able to communicate with the residents in the language spoken by the majority of the residents;
- (6) not work while under the influence of alcohol or illegal drugs;
- (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of

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~~THIS INFORMATION IS UNLAWFUL TO DISCLOSE TO THE PUBLIC OR TO BE USED FOR REPRESENTATIVE PURPOSES~~

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RN/administrator

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If continuation sheet 1 of 39

TITLE

(X6) DATE

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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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 survey completed on [REDACTED] /23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults.</p> <p>Census: 12</p> <p>Definitions: Direct Care Staff: DCS Individual Service Plan: ISP Resident: R</p>	A 000		
A 016	<p>7 NMAC 8.2.16 Staff Qualifications</p> <p>STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.</p> <p>A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall:</p> <ol style="list-style-type: none"> (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference 	A 016		

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/25/23
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Division of Health Improvement

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A 016	<p>Continued From page 1</p> <p>from persons unrelated to the applicant; and</p> <p>(9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.</p> <p>B. Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the Caregivers Criminal History Screening</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 3</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on</p>	A 016		

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A 016	<p>Continued From page 4</p> <p>the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</p> <p>7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC. ...</p> <p>E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 5</p> <p>be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping</p>	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 6</p> <p>purposes. (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 7.8.2.16 B (3) (7)</p> <p>7.8.2.16 B (3 & 7)</p> <p>Based on record review and interview, the facility failed to ensure that Direct Care Staff (DCS):</p> <ol style="list-style-type: none"> 1. Were cleared by the Employee Abuse Registry (EAR) prior-to-hire. 2. Applications and fingerprints were submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire. <p>These deficient practices could negatively affect the safety and welfare of the ██████████ residents identified on the resident census, provided by the Administrator on ████████/23, if they are being provided care by staff who may have a previous history of abusing, neglecting, or exploiting residents; or may be a convicted felon.</p> <p>The findings are:</p> <p>A. Record review of DCS #1's staff file (hire date ████████/20), revealed that:</p> <ol style="list-style-type: none"> 1. EAR clearance was completed ████████/20, approximately 7 months after date of hire. 2. Fingerprints and CCHSP application were completed ████████/20, approximately 6 months after date of hire. <p>B. Record review of DCS #2's staff file (hire date ████████/23), revealed that:</p> <ol style="list-style-type: none"> 1. There was no documentation of DCS #2's EAR clearance being completed. 2. There was no documentation DCS #2's CCHSP being completed. 	A 016		

Division of Health Improvement

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A 016	<p>Continued From page 7</p> <p>C. Record review of DCS #3's staff file (hire date [REDACTED]/22), revealed that:</p> <ol style="list-style-type: none"> 1. EAR clearance was completed [REDACTED]/23, 10 days after date of hire. 2. There was no documentation DCS #3's CCHSP being completed. <p>D. [REDACTED] 23 at 3:12 pm, during an interview with the Administrator, she confirmed:</p> <ol style="list-style-type: none"> 1. EAR clearances for DCS #s 1-3 were not completed prior to hire. 2. DCS #1's CCHSP was not completed within 20 days of hire. 3. DCS #s 2 and 3 did not have documentation of the CCHSP being completed. 	A 016		
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; 	A 017		

Division of Health Improvement

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A 017	<p>Continued From page 9</p> <p>The findings are:</p> <p>A. Record review of DCS #2's staff file (hire date: [REDACTED]/23), revealed that the facility had no documentation of DCS #2 completing 16 hours of supervised training training prior to working alone with residents.</p> <p>B. Record review of DCS #3's staff file (hire date: [REDACTED]23), revealed that the facility had no documentation of DCS #3 completing 16 hours of supervised training training prior to working alone with residents.</p> <p>C. [REDACTED]/23 at 3:12 pm, during an interview with the Administrator, she confirmed there was no documentation that DCS #2 and #3 received 16 hours of supervised training prior to working alone with residents.</p>	A 017		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy.</p> <p>A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, shall be stored in a locked compartment or</p>	A 034		

Division of Health Improvement

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A 034	<p>Continued From page 10</p> <p>in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p>	A 034		

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A 034	<p>Continued From page 11</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC</p>	A 034		

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A 034	<p>Continued From page 13</p> <p>container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m³ (300 ft³) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m² (22,500 ft²) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or</p>	A 034		

Division of Health Improvement

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A 034	<p>Continued From page 14</p> <p>enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>7.8.2.34 A 7</p> <p>Based on record review, observation, and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. The oxygen cylinder tanks were stored securely and protected from accidental damage. 2. All medications prescribed for the residents were available to take as ordered by a physician. <p>These deficient practices could likely result in the [REDACTED] residents identified on the census provided by the Administrator on [REDACTED]/23, to be at risk of harm, injury, or death if:</p> <ol style="list-style-type: none"> 1. Oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. 2. Residents were to miss doses of medication or treatments because the medications prescribed by the physicians were not available for use. <p>The Findings are:</p> <p>Findings related to oxygen:</p> <p>A. On [REDACTED] 23 at 9:47 am, during observation of R #2's [REDACTED], one (1) unsecured and eleven (11)</p>	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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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 034	<p>Continued From page 15</p> <p>secured small oxygen tanks were observed stored in the resident's closet with clothing, shoes, cardboard boxes, other personal belongings and combustibles.</p> <p>B. On [REDACTED]/23 at 10:13 am, during observation of R #3's [REDACTED], one (1) secured and three (3) unsecured small oxygen tanks were observed stored in the resident's closet with clothing, shoes, medical equipment, blankets, adult disposable briefs, medical equipment, other personal belonging and combustibles.</p> <p>C. On [REDACTED]/23 at 10:16 am, during an interview with the Administrator, she confirmed:</p> <ol style="list-style-type: none"> 1. In R #2's [REDACTED], one (1) unsecured small oxygen tank and eleven (11) secured small oxygen tanks stored in the closet with clothing, shoes, card board boxes, other personal belongings and combustibles. 2. In R #3's [REDACTED] three (3) unsecured small oxygen tanks stored in the residents closet with clothing, shoes, medical equipment, blankets, adult disposable briefs, other personal belonging and combustibles. <p>Medication findings for Resident #1:</p> <p>D. Record review of R #1's MAR dated [REDACTED]/23 through [REDACTED]/23, revealed that [REDACTED] was listed to be given 1 tablet by mouth, twice a day as needed.</p> <p>E. On [REDACTED] 23 at 10:56 am, during observation of the medication cart, R #1's [REDACTED] was observed to not be available in the cart.</p> <p>F. On [REDACTED]/23 at 11:11 am, during an interview with Direct Care Staff (DCS) #2, she confirmed</p>	A 034		

Division of Health Improvement

A 034	<p>Continued From page 15</p> <p>secured small oxygen tanks were observed stored in the resident's closet with clothing, shoes, cardboard boxes, other personal belongings and combustibles.</p> <p>B. On [REDACTED] 23 at 10:13 am, during observation of R #3's [REDACTED] one (1) secured and three (3) unsecured small oxygen tanks were observed stored in the resident's closet with clothing, shoes, medical equipment, blankets, adult disposable briefs, medical equipment, other personal belonging and combustibles.</p> <p>C. On [REDACTED] 23 at 10:16 am, during an interview with the Administrator, she confirmed:</p> <ol style="list-style-type: none"> In R #2's [REDACTED] one (1) unsecured small oxygen tank and eleven (11) secured small oxygen tanks stored in the closet with clothing, shoes, card board boxes, other personal belongings and combustibles. In R #3's [REDACTED] three (3) unsecured small oxygen tanks stored in the residents closet with clothing, shoes, medical equipment, blankets, adult disposable briefs, other personal belonging and combustibles. <p>Medication findings for Resident #1:</p> <p>D. Record review of R #1's MAR dated [REDACTED] through [REDACTED] revealed that [REDACTED] twice a day as needed.</p> <p>E. On [REDACTED] 23 at 10:56 am, during observation of the medication cart, R #1's [REDACTED] was observed to not be available in the cart.</p> <p>F. On [REDACTED] /23 at 11:11 am, during an interview with Direct Care Staff (DCS) #2, she confirmed</p>	A 034	<p>Medication will be stored in a locked cart and be available to residents as ordered by a physician, with orders on file.</p> <p>Naloxone is in locked medication cart, however the medication box reads Narcan. Orders are on file.</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401	
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			(X5) COMPLETE DATE

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 034	<p>Continued From page 16</p> <p>that R #1's [REDACTED] was not available in the medication cart.</p> <p>Medication findings for Resident #2:</p> <p>G. Record review of R #2's MAR dated [REDACTED] /23 through [REDACTED] /23, revealed that [REDACTED] was prescribed to be given as needed.</p> <p>H. On [REDACTED] /23 at 10:56 am, during observation of the medication cart, R #2's [REDACTED] was observed to not be available in the cart.</p> <p>I. On [REDACTED] /23 at 11:11 am, during an interview with DCS #2, she confirmed that R #2's [REDACTED] was not available in the medication cart.</p> <p>Medication findings for Resident #3:</p> <p>J. Record review of R #3's MAR dated [REDACTED] /23 through [REDACTED] /23, revealed that [REDACTED] was on the MAR to be administered for pain or fever as needed.</p> <p>K. On [REDACTED] /23 at 10:56 am, during observation of the medication cart, R #3's [REDACTED] was observed to not be available in the cart.</p> <p>L. On [REDACTED] /23 at 11:11 am, during an interview with DCS #2, she confirmed that R #3's [REDACTED] was observed not to be available in the cart.</p>	A 034		
A 035	7 NMAC 8.2.35 Medication	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 035	<p>Continued From page 17</p> <p>MEDICATIONS: Administration of medications or 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</p>	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 035	<p>Continued From page 18</p> <p>administer any medications or conduct any 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 	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 035	<p>Continued From page 19</p> <p>(mouth, eye, ear, other);</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>	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 035	<p>Continued From page 21</p> <p>medication.</p> <p>The findings are:</p> <p>A. Record review of R #1's MAR dated [REDACTED]/23 through [REDACTED]/23, revealed that the following medications did not have the diagnosis or reason for the medication:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED] 5. [REDACTED] <p>B. Record review of R #2's MAR dated [REDACTED]/23 through [REDACTED]/23. revealed that the following medications did not have the diagnosis or reason for the medication:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED] 5. [REDACTED] 6. [REDACTED] 7. [REDACTED] 8. [REDACTED] 	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 035	<p>Continued From page 22</p> <p>C. Record review of R #3's MAR dated [REDACTED]/23 through [REDACTED]/23 revealed that the following medications did not have the diagnosis or reason for the medication:</p> <ol style="list-style-type: none"> 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED] <p>D. On [REDACTED]/23 at 10:56 am, during an interview with DCS #2, she confirmed that medications listed above for R #1-3's MARs did not include the diagnosis or reason for the medication.</p>	A 035		
A 036	<p>7 NMAC 8.2.36 Nutrition</p> <p>NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks.</p> <p>A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.</p> <p>(1) Meal service. The facility shall:</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 036	<p>Continued From page 23</p> <p>(a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available;</p> <p>(b) provide snacks of nourishing quality and post on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;</p> <p>(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;</p> <p>(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;</p> <p>(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 036	<p>Continued From page 24</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and</p> <p>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.</p> <p>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.</p> <p>(1) Kitchen sanitation.</p> <p>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 036	<p>Continued From page 25</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.</p> <p>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p> <p>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 036	<p>Continued From page 26</p> <p>an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.</p> <p>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 036	<p>Continued From page 28</p> <p>thirty (30) calendar days and available for inspection. This deficient practice could likely result in the ██████ residents on the resident census provided by the Administrator on ██████/23, to be at risk of illness/death from foodborne illnesses if the refrigerated and/or frozen foods stored, prepared, and served to residents are not maintained at the correct temperatures.</p> <p>The findings are:</p> <p>A. On ██████/23 at 10:28 am, during record review of the facility's daily refrigerator and freezer temperatures log revealed there were (4) four days during the month of July 2023 in which the refrigerator and freezer temperatures were not documented.</p> <p>B. On ██████/23 at 10:31 am, during an interview with the facility Cook/Chef, she confirmed that on the days in which she is not working in the facility; the refrigerator and freezer temperatures were not being monitored and documented on the daily refrigerator/freezer temperature log sheets.</p>	A 036		
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</p>	A 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 037	<p>Continued From page 29</p> <p>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 storage area provided for clean linen.</p> <p>(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.</p> <p>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>	A 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 037	<p>Continued From page 30</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 that the laundry/cleaning supplies were kept in a secured room, closet, or cabinet.</p> <p>This deficient practice could likely result in the [REDACTED] residents identified on the census provided by the Administrator on [REDACTED]/23, to be at risk of harm or injury if they were to ingest or spill laundry or cleaning supplies on their face or body.</p> <p>The findings are:</p> <p>A. On [REDACTED]/23 at 9:53 am, during observation of the laundry room, revealed the laundry room was unlocked, and the following chemicals were observed unsecured in the room:</p> <ol style="list-style-type: none"> 1. Cabinet on wall: <ol style="list-style-type: none"> a. One (1) 110 oz. (ounce) container of laundry detergent b. One (1) 1 gallon bottle of carpet shampoo c. One (1) 128 oz. bottle of carpet stain cleaner 2. On the shelf above sink: <ol style="list-style-type: none"> a. Five (5) 32 oz. bottles of spray cleaner b. Two (2) 32 oz. bottles of spray oven cleaner c. Two (2) 19 oz spray cans of wood polish d. One (1) 32 oz. bottle of spray window cleaner e. One (1) 12 oz. can of spray paint f. One (1) 12.5 oz. can of sanitizer spray g. One (1) 8 oz. can of scratch cover-up h. One (1) quart can of paint 3. In an unsecured closet: <ol style="list-style-type: none"> a. One (1) 250 oz. container of cleaning solution 	A 037 A037	<p>The laundry room door will remain closed and locked at all times. The house manager will ensure that the laundry room door remains closed and locked at all times to ensure the residents safety from chemicals.</p>	07/25/23

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 037	Continued From page 31 b. Five (5) 16 oz. spray cans of antiseptic wound cleaner B. On [REDACTED]/23 at 10:16 am, during an interview, the Administrator confirmed the above listed laundry/cleaning supplies were being stored in the unsecured/unlocked laundry room.	A 037		
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 by:	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 038	<p>Continued From page 32</p> <p>7.8.2.38 C</p> <p>Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secure areas and were not stored in residential areas, food preparation areas, or food storage areas accessible to residents.</p> <p>This deficient practice could likely result in the [REDACTED] residents listed on the resident census list provided by the Administrator on [REDACTED]/23, to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest hazardous chemicals.</p> <p>The findings are:</p> <p>A. On [REDACTED]/23 at 10:31 am, during observation of the kitchen, the following chemicals were observed to be stored in the unsecured/unlocked cabinet under the kitchen sink and accessible to residents:</p> <ol style="list-style-type: none"> 1. (2) 32 oz. (ounce) spray bottles of disinfectant bleach spray 2. (1) 32 oz. bottle of window cleaner 3. (2) 18 oz. bottles of disinfectant cleaner 4. (1) 22 oz. can of powder cleaner 6. (2) 18 oz. cans of disinfectant cleaner 7. (1) 12 oz. can of room deodorizer <p>B. On [REDACTED]/23 11:02 am, during an interview, the Administrator confirmed that the above listed cleaning supplies/chemicals were being stored in the unsecured/unlocked cabinet under the sink and accessible to residents.</p>	A 038 A038	All chemicals are locked in the laundry room and kitchen cabinets now have child proof locks on them. The chef/cook will ensure that no chemicals are in the kitchen and that they are locked up in the laundry room.	07/28/23
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds	A 042		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON #2	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH LOCKE ROAD FARMINGTON, NM 87401
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A 042	<p>Continued From page 34</p> <p>protected by one of the following means: (1) Protection shall be an enclosure having a minimum 1-hour fire resistance rating, in accordance with 7.2.1.8 having a minimum 3-4-hour fire protection rating. 33.2.3.2.5 Other hazardous areas shall be protected by: (1) Enclosure having a minimum 1-2-hour fire resistance rating.</p> <p>7.8.2.42 A</p> <p>Based on observation and interview, the facility failed to ensure that the walls and ceilings were in good condition with no ceiling and drywall penetrations/perforations (holes).</p> <p>This deficient practice could likely result in the █████ residents listed on the census, provided by the Administrator on █████ 23, to be at risk of harm, injury, or death if a fire were to occur and smoke/flames to spread more rapidly into the crawlspaces between the floors, attic, or other parts of the facility.</p> <p>The findings are:</p> <p>A. On █████ /23 at 11:30 am, during observation of the facility ceiling there were multiple (5 or more) escutcheons (plates that cover the holes/gaps between the drywall and sprinkler heads) that were not covering the 1/4 inch to up to 1/2 inch gaps between the sprinkler heads and the ceiling.</p> <p>B. On █████ /23 at 11:30 am, during observation of the facility ceiling and walls of the common areas and hallways, multiple (5 or more) 1/2 (one half) inch up to 4 (four) inch drywall perforations, gaps, and holes were observed in the drywall ceilings throughout the facility</p>	A 042		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 042	Continued From page 35 C. On [REDACTED] 23 at 11:55 am, during an interview with the Administrator, she confirmed the wall and ceiling tile perforations and the gaps between escutcheons/trim plates and the ceilings throughout the facility	A 042		
A 043	7 NMAC 8.2.43 Hazardous Areas 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. 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: (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 (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (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. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water	A 043		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2023
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A 043	<p>Continued From page 37</p> <p>The findings are:</p> <p>A. On [REDACTED] 23 at 2:30 pm, during observation of the facility's lower level (basement) gas fired heater and hotwater heater room, the following was observed:</p> <ol style="list-style-type: none"> 1. Four (4) cardboard boxes of various sizes and (1) vacuum cleaner were stacked in front of the gas fired heater and hotwater heater blocking full access to the equipment. 2. Perforations were observed in the walls of the room: <ol style="list-style-type: none"> a. One (1) 8 foot by 4 foot piece of sheet rock/wall board was missing from the South wall near the entry door to the room leaving an 8 foot by 4 foot perforation in the wall that exposed the electrical wiring. b. One (1) approximate 2 foot by 1 foot "L" shaped hole was in the North wall of the room where pipes come out of the wall and attach to the gas fired heater and hotwater heater equipment. c. One (1) approximate 2 foot by 2 foot hole was in the North wall of the room exposing electrical wiring, gas pipes, and water pipes that protrude from the wall and attach to the gas fired heater and hotwater heater equipment. <p>B. On [REDACTED] /23 at 2:41 pm, during an interview with the Administrator, she confirmed the wall perforation findings in the boiler room and the items blocking the gas fired heater and hotwater heater equipment.</p>	A 043		