

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2008
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF SAN PEDRO, BUILDING C		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 CORONA, BUILDING C ALBUQUERQUE, NM 87113		
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A 01	<p>OPENING REMARKS</p> <p>Based on record review and interview, the facility did not have an environmental improvement division inspection (food service inspection) at the time of survey. The findings are:</p> <p>A. On 10/9/08 at 3:45 PM during review of facility records, the EID food service inspection was not seen nor was a food service certificate with valid dates seen.</p> <p>B. On 10/9/08 at 3:45 PM during interview with the Administrator, she reported that she would address the issue.</p>	A 01	<p>We have obtained a Food Service inspection and a permit. Enclosed is a copy of both.</p>	
A17	<p>7 NMAC 8.2.17 Personnel</p> <p>7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following:</p> <p>A. Qualifications for all professional and non-professional disciplines.</p> <p>B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care.</p> <p>C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs.</p> <p>D. Employee personnel records, including an application for employment, TB tests and</p>	A17	<p>Staff has had all required in-service training. Enclosed are certificates, test material and a sign in sheet. On going in service training will be done monthly.</p>	

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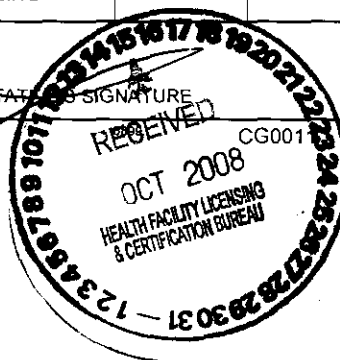
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

STATE FORM

TITLE *Director* (X6) DATE *10-15-08*

(X6) DATE

If continuation sheet 1 of 9



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A17	Continued From page 1 certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17(C) - Personnel Training Based on record review and interview, the facility failed to have required staff training for sampled staff. The findings are: A. On 10/9/08 at 3:00 PM, record review revealed no documentation of Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control and Resident Rights training for staff members for the current calendar year. B. On 10/9/08 at 3:00 PM during an interview with the Administrator, she acknowledged that not all employees had all of the all trainings in the required areas.	A17			
A35	7 NMAC 8.2.35 Custodial Drug Permit 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit.	A35	Our Consulting Pharmacist has done a med review, a copy is enclosed. In the future we will work with a pharmacy that will label all over the counter medication. Our Pharmacist has written		

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A35	<p>Continued From page 2</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 required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee.</p> <p>(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.</p> <p>(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator.</p> <p>(4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names.</p> <p>(5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so.</p> <p>(6) The facility may not require the resident to purchase prescriptions from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of</p>		A35	<p>Letters to the family and the physician regarding this issue. Enclosed are copies.</p>	

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A35	<p>Continued From page 3</p> <p>inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99.</p> <p>B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following:</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 must be reported to the Director of the facility and these irregularities must be acted upon.</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 is 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>[7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35A - Medication Labeling</p> <p>Based on observation and interview, the facility failed to ensure that OTC (over the counter) medications were properly labelled in compliance with state and federal laws for 33% of residents (Resident #1). The findings are:</p> <p>A. On 10/9/08 at 3:30 PM during observation of the physical medication containers, it was observed that over the counter medications (Tylenol, Senna, and Ibuprofen) prescribed to</p>	A35			

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A35	Continued From page 4 Resident #1 were not labelled as required. B. On 10/9/08 at 3:30 PM during interviews with the House Manager, he stated that he understood the problem. Refer to 7.8.2.35A - Consultant Pharmacist Based on record review and interview, the facility failed to ensure review of consultant pharmacist services as needed, but at least quarterly for 100% of the resident population. The findings are: A. On 10/9/08 at 3:45 PM during review of the facility records, it was noted that no consultant pharmacy report was available for review. B. On 10/9/08 at 3:49 PM during interviews with the Administrator, she stated that she would address the issue.	A35			
A36	7 NMAC 8.2.36 Medications 7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. A. Licensed health care professionals are responsible for the administration of medications. B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with	A36	Regarding PRN medication, the family has been notified and has brought in the correct dose as prescribed by the physician.		

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A36	<p>Continued From page 5</p> <p>medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications.</p> <p>C. 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 by the physician and entry into the resident's record.</p> <p>D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.</p> <p>E. Medications prescribed for one resident shall not be used for another resident.</p> <p>F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:</p> <ol style="list-style-type: none"> (1) Name of resident. (2) Date started. (3) Drug product name. (4) Dosage and form. (5) Strength of drug. (6) Route of administration (e.g. "by mouth"). (7) How often medication is to be taken. (8) Time taken and staff initials. (9) Dates when the medication is discontinued or changed. (10) The name and initials of all staff administering medications. <p>G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.</p> <p>H. PRN Medications: The use of PRN</p>	A36			

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A36	<p>Continued From page 6</p> <p>medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions:</p> <p>(1) The resident is capable of determining when the medication is needed.</p> <p>(2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include:</p> <p>(a) Symptoms that might indicate the use of the medication.</p> <p>(b) Exact dosage to be used.</p> <p>(c) The exact amount of medication to be used in a 24 hour period.</p> <p>(d) Directions as to what to do if the symptoms persist.</p> <p>(e) Possible interactions or side-effects that might occur.</p> <p>(f) Manufacturer's label information for directions if deemed adequate by the physician.</p> <p>I. The facility must report all medication errors to the physician.</p> <p>J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility.</p> <p>[7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36(C) - Medications given in accordance with physician's orders</p> <p>Based on observation, record review and interview, the facility failed to ensure that PRN (as needed) medications were were available in milligram doseages prescribed by the physician for 33% of residents. Resident #1.</p> <p>The findings are:</p>	A36			

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A36	Continued From page 7 A. On 10/9/08 at 3:30 PM during observation of physical medication containers, it was noted that Tylenol Arthritis tablets were available in 650mg tablets rather than the 500mg tablets needed to provide the resident with the prescribed dose of 1000mg. B. On 10/9/08 at 3:30 PM during review of physician orders for Resident #1 dated 9/9/08, it read Tylenol prescribed in 1000mg dose every six hours as needed C. On 10/9/08 at 3:30 PM during interview with the House Manager, he stated that he understood the issue.		A36		
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to NMAC 7.1.9.8 - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - All applicants to whom an		A66	Regarding CCHS, all employees have had fingerprints done. Enclosed are copies and proof of postage. COR checks will be done prior to hire.	

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A66	<p>Continued From page 8</p> <p>offer of employment is made must consent to a nationwide and statewide screening.</p> <p>Based on record review and interview, the facility failed to have documentation that direct care staff had been cleared through the New Mexico Caregivers' Criminal History Screening Program (CCHSP) for 1 employee (Staff #1).</p> <p>The findings are:</p> <p>A. On 10/9/08 at 3:30 PM during review of employee records, it was noted that Staff #1 did not have on file a CCHS screening on file subsequent to hire within the required timeframe or documentation of a full or partial Caregivers Criminal History Screening (CCHSP) clearance addressed to the facility conducted subsequent to hire within the required timeframe.</p> <p>B. On 10/9/08 at 3:30 PM during an interview with the Administrator, she acknowledged the matter and stated that she would address the issue.</p>	A66			