

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2012
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ENCHANTED HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144		
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A 000	Initial Comments A Complaint investigation was conducted on 02/10/12 for NMAC 7.8.2 regulations governing Assisted Living facilities. The Complaint was Substantiated.	A 000 <i>Scanned 08-02-12 J.D.</i>		
A 013	7 NMAC 8.2.13 Grounds for Revocatio, Suspension or Denial GROUNDS FOR REVOCATION, SUSPENSION OR DENIAL OF INITIAL OR RENEWAL OF LICENSE, OR THE IMPOSITION OF SANCTIONS OR CIVIL MONETARY PENALTIES: A. When the licensing authority determines that an application for the renewal of a license will be denied or that a license will be revoked, the licensing authority shall provide written notification to the facility, the residents and the surrogate decision makers for the residents. B. After notice to the facility and an opportunity for a hearing, the department may deny an initial or renewal application, revoke or suspend the license of a facility or may impose an intermediate sanction and a civil monetary penalty as provided in accordance with the Public Health Act, Section 24-1-5.2 NMSA 1978. C. Grounds for implementing these penalties may be based on the following: (1) failure to comply with any provision of this rule; (2) failure to allow a survey by authorized representatives of the licensing authority; (3) the hiring or retaining of any staff or permitting any private duty attendant or volunteer to work with residents that has a disqualifying conviction under the requirements of the Caregiver 's Criminal History Screening Program, 7.1.9 NMAC;	A 013		

RECEIVED
AUG 01 2012
HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

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



TITLE

Regional Director

(X6) DATE

7-27-12

Division of Health Improvement

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A 013	Continued From page 1 (4) the misrepresentation or falsification of any information on the application forms or other documents provided to the licensing authority; (5) repeat violations of this rule; (6) failure to maintain or provide services as required by this rule; (7) exceeding licensed capacity; (8) failure to provide an acceptable plan of correction within the time period established by the licensing authority; (9) failure to correct deficiencies within the time period established by the licensing authority; (10) failure to comply with the incident reporting requirements pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; and (11) failure to pay civil monetary penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. [7.8.2.13 NMAC - Rp, 7.8.2.13 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer also to 7.8.2.7 DEFINITIONS: " Neglect " means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness and is defined in the Incident Reporting Intake, Processing & Training Requirements, 7.1.13 NMAC. Based on record review and interview, the facility neglected to ensure that prescribed medications were given as ordered for 1 of 10 residents (Resident #2). The findings are: A. Intake #28360 read that a resident of the facility went without needed medication for [sic]	A 013	7.8.2.13 7.8.2.7 " Neglect 7.8.2.35 medication The medication was missed because the pharmacy the facility contracts with to provide medications to the facility residents failed to deliver the medication that was ordered. To correct this problem, the facility has required its pharmacy to contract with the local walgreens pharmacy to fill "first dose" and immediate need medications. Should the problem arise in the future with other medications the facility will be able to fill the medication locally. This will prevent any lapse in regularly scheduled medication. A copy of	5.30.12

Division of Health Improvement

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A 013	<p>Continued From page 2</p> <p>days causing the resident to be awake and wander all night.</p> <p>B. Review of Resident #2's medical chart revealed diagnoses of Alzheimer's and Dementia.</p> <p>C. Physician Orders dated 12/27/11 indicated prescription Risperdal 0.25 orally three times a day for Agitation associated with Resident #2's medical condition.</p> <p>D. Review of the electronic Medication Administration Record indicated that Resident #2 with diagnosis of Alzheimer's/ Dementia did not receive prescription Risperdal for Agitation as prescribed from 01/28/12 - 01/31/12.</p> <p>E. During interview on 02/08/12 at 2:15 pm, the Administrator confirmed that Resident #2 was without prescription Risperdal from 01/28/12 - 01/31/12. The Administrator was aware that Resident #2 was without the medication because of an ordering issue and acknowledged that the facility did not seek to procure the medication elsewhere during this time frame.</p> <p>This is a repeat deficiency from survey dated 04/12/11</p> <p>Refer to NMAC 7.1.9.8 - Caregivers Criminal History Screening Requirements (Effective January 1, 2006) - All applicants to whom an offer of employment is made must consent to a nationwide and statewide screening.</p> <p>Based on observations, record review and</p>	A 013	<p>the agreement between 7care Pharmacy and walgreens will be kept at the facility. This violation is corrected as of 5-30-12</p> <p>NMAC 7.1.9.8</p> <p>The facility administrator has conducted an internal survey to make sure all current employees have submitted for the nationwide and statewide screening requirements. The facility</p>	5-31-12

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A 013	<p>Continued From page 3</p> <p>interview, the facility failed to have documentation that direct care staff fingerprints were submitted for consideration to (CCHSP) within the required 20 days for 3 employees (Caregiver #6, Caregiver #7, Caregiver #8) who were hired to be a caregiver to residents of the facility. The findings are:</p> <p>A. During review of employee files, Caregiver #6 with Date of Hire 12/12/11 did not have evidence of CCHSP submission within the 20 day time period, Caregiver #7 with Date of Hire 12/20/11 did not have evidence of CCHSP submission within the 20 day time period, and Caregiver #8 with Date of Hire 01/02/12 and did not have evidence of CCHSP submission within the 20 day time period.</p> <p>B. On 02/01/12 during interview with CCHSP Staff #1, she confirmed that request and documentation had not been received by the facility for screening of Caregivers #6-#8.</p> <p>C. On 02/08/12 at 2:15 pm, the Administrator confirmed that the screening paperwork was not submitted in the 20 day timeframe.</p> <p>This is a repeat deficiency from survey dated 04/12/11</p> <p>Refer to 7.8.2.17 - Staff Training</p> <p>Based on record review and interview, the facility failed to ensure that caregivers have training for medications and abuse/neglect as required training for 2 of 6 caregiver staff files reviewed (Caregivers #7-#8). The findings are:</p>	A 013	<p>has taken steps to discipline the staff responsible for timely submission. The facility understands to potential harm that could follow if employees are not properly screened within the timeframe allowed. The facility manager will be required to notify the administrator of any new hires and provide him documentation that timely submission of state and nationwide screenings had been conducted.</p>	

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A 013	Continued From page 4 A. Review of Intake #28360 reveals that the complainant is concerned about lack of training. B. On 02/01/12 at 3:30 pm, during interview with (former employee) Caregiver #4, she reports that she was not trained at the facility. Caregiver #4 reports that there are a lot of problems with training. In spite of having some previous experience with care giving, she reports that she was immediately charged with giving medications and signing off for them. She reports that she was not trained nor given any type of certificate for medications during the time of employment. C. Review of staff file on 02/01/12 for Caregiver #7 with Date of Hire 12/20/11 did not have evidence of medication test or certificate on file. Similarly, Caregiver #8 with Date of Hire 01/02/12 showed no documentation of abuse and neglect training and no medication test or certificate on file. D. On 02/02/12 at 9:15 am, during interview, the Assistant Manager confirmed that Caregiver #7 was giving medications and hadn't received his certificate, yet was required to pass medications as part of his job duties.	A 013	7.8.2.17 Staff Training The facility administrator has conducted an internal survey to make sure staff training is being conducted according to state requirements. Any staff member found to be lacking any required training will be required to complete training by June 8, 2012. The facility administrator has conducted training with facility manager and assistant manager regarding staff training. The facility knows the importance of staff training & the potential harm improper or lack of training could cause to themselves or residents.	6-8-12
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: 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. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility.	A 017		

Division of Health Improvement

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A 017	<p>Continued From page 5</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> <ul 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: <ul 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; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/12/11</p>	A 017		

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A 017	Continued From page 6 Refer to 7.8.2.17 - Staff Training Based on record review and interview, the facility failed to ensure that caregivers have training for abuse/neglect as required for 1 of 6 caregiver staff files reviewed (Caregivers #8). The findings are: A. Review of Intake #28360 reveals that the complainant is concerned about lack of training. B. On 02/01/12 at 3:30 pm, during interview with (former employee) Caregiver #4, she reports that she was not trained at the facility. Caregiver #4 reports that there are a lot of problems with training. C. Review of staff file for Caregiver #8 with Date of Hire 01/02/12 showed no documentation of abuse and neglect training.	A 017		
A 035	7 NMAC 8.2.35 Medication 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. 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. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the	A 035	7.8.2.35 medication This citation is also referenced on page 1 and 2 Please see page 2 for facility plan of Correction.	5.30.12

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A 035	Continued From page 7 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. C. PRN (pro re nada) medication. (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. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall 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. 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. F. Medications prescribed for one resident shall not be used for another resident. 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	A 035		

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A 035	Continued From page 8 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: (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 (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and	A 035		

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A 035	Continued From page 9 (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. 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. 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: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [7.8.2.35 NMAC - Rp, 7.8.2.36 NMAC, 01/15/2010]	A 035		

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A 035	Continued From page 10 This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 10/13/11 Based on record review and interview, the facility failed to ensure that that prescribed medications were given as ordered for 1 of 10 residents (Resident #2). The findings are: A. Intake #28360 read that a resident of the facility went without needed medication for [sic] days causing the resident to be awake and wander all night. B. Review of Resident #2's medical chart revealed diagnoses of Alzheimer's and Dementia. C. Physician Orders dated 12/27/11 indicated prescription Risperdal 0.25 orally three times a day for Agitation associated with Resident #2's medical condition. D. Review of the electronic Medication Administration Record indicated that Resident #2 with diagnosis of Alzheimer's/ Dementia did not receive prescription Risperdal for Agitation as prescribed from 01/28/12 - 01/31/12. E. During interview on 02/08/12 at 2:15 pm, the Administrator confirmed that Resident #2 was without prescription Risperdal from 01/28/12 - 01/31/12. The Administrator was aware that Resident #2 was without the medication because of an ordering issue and acknowledged that the facility did not seek to procure the medication elsewhere during this time frame.	A 035		
A 070	7 NMAC 8.2.70 Incorporated and Related Rules and Codes	A 070		

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A 070	Continued From page 11 INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/12/11 Reference 7.1.12 NMAC: Employee Abuse Registry Refer to: 7.1.12.8 NMAC Registry Established; Provider Inquiry Required: Subsection A. "Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.	A 070	7.8.2.70 7.1.12 New Mexico COR checks will be done prior to employee start dates. The facility manager will be required to notify facility administrator of any new hires + provide documentation that the abuse registry has been checked and the report is on file. The reporting requirement the facility is implementing will ensure both the manager and the administrator are communicating to ensure the Abuse registry checks happen before the start date.	5.31.12

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A 070	<p>Continued From page 12</p> <p>Subsection 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>Subsection 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 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."</p> <p>Based on record review and interview, the facility failed to maintain documentation that the Employee Abuse Registry (EAR) database was checked prior to offer of employment for 1 of 3 direct care staff (Caregiver #7). The findings are:</p> <p>A. During review of the employee files, it was noted that Caregiver #7 with a Date of Hire of 12/20/11 did not have on file evidence of a search</p>	A 070		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2012	
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ENCHANTED HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144		
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A 070	<p>Continued From page 13</p> <p>on the registry using the individual's identifying information prior to offer of employment. The EAR screening document found in Caregiver #7's file was dated 01/03/12.</p> <p>B. On 02/08/12 at 2:15 pm, the Administrator confirmed that paperwork was not completed in the correct timeframe.</p> <p>Refer to: TITLE 7 HEALTH CHAPTER 1 HEALTH GENERAL PROVISIONS PART 9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS</p> <p>Refer to 7.1.9.8 NMAC CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider's failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose</p>	A 070	<p>7.1.9.8</p> <p>The citation referencing the 20 day time frame to submit fingerprints was referenced on page 3 and 4. Refer to pages 3 and 4 for Facility Plan of Correction</p>	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2012
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ENCHANTED HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144		
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A 070	<p>Continued From page 14</p> <p>appropriate administrative sanctions and penalties.</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>Based on observations, record review and interview, the facility failed to have documentation that direct care staff fingerprints were submitted for consideration to the Caregiver's Criminal History Screening Program (CCHSP) within the required 20 days for 3 employees (Caregiver #6, Caregiver #7, Caregiver #8) who were hired to be caregivers to residents of the facility. The findings are:</p> <p>A. During review of employee files, Caregiver #6 with Date of Hire 12/12/11 did not have evidence of CCHSP submission within the 20 day time period; Caregiver #7 with Date of Hire 12/20/11 did not have evidence of CCHSP submission within the 20 day time period; and Caregiver #8 with Date of Hire 01/02/12 and did not have evidence of CCHSP submission within the 20 day time period.</p> <p>B. On 2/01/12 during interview with CCHSP Staff #1, she confirmed that request and documentation had not been received by the facility for screening of Caregivers #6-#8.</p> <p>C. On 02/08/12 at 2:15 pm, the Administrator</p>	A 070		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2012
NAME DF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ENCHANTED HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 6336 ENCHANTED HILLS BLVD RIO RANCHO, NM 87144		
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A 070	Continued From page 15 confirmed that the screening paperwork was not submitted in the 20 day timeframe.	A 070		