

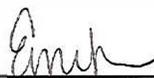
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/04/2025
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NAME OF PROVIDER OR SUPPLIER  BEEHIVE HOMES OF BERNALILLO	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SHERIFFS POSSE ROAD BERNALILLO, NM 87004
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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
8 000	<p>Initial Comments</p> <p>The following deficiency was cited during a complaint survey completed 06/04/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults.</p> <p>Census: 37</p> <p>Complaint Intake # [REDACTED] was investigated with no deficiencies cited.</p> <p>Complaint Intake # NM [REDACTED] was investigated with no deficiencies cited.</p>	8 000		
8 027	<p>8 NMAC 370.14.27 Resident Activities</p> <p>Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [8.370.14.27 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.27</p> <p>Based on observation and interview, the facility failed to ensure that 12 (R [Resident] #'s 1-12) of 12 (R #'s 1-12) residents received recreational and social activities available, to encouraged residents to participate.</p> <p>This deficient practice could likely result in residents being negatively affected physically and mentally if activities were not being conducted to</p>	8 027		

Division of Health Improvement  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrative

(X6) DATE

6/27/25

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEEHIVE HOMES OF BERNALILLO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SHERIFFS POSSE ROAD BERNALILLO, NM 87004</b>		
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8 027	Continued From page 1  meet the residents psychosocial and physical needs.  The findings are:  A. On 06/02/25 at 10:00 am, during an observation, the residents did not have recreational and social activities available to participate in, at the facility as evidenced by lack of posted activities calendars.  B. On 06/02/25 at 10:20 am during an interview, Administrator #1 confirmed the residents did not have recreational and social activities available for the residents to participate in.  C. On 06/02/25 at 01:30 pm, during a second observation, no recreational and social activities had been conducted with the residents.  D. On 06/02/25, at 02:45 pm during an interview, Administrator #1 confirmed no recreational and social activities were conducted with the residents and stated more staff is needed to conduct the activities in the future.  E. On 06/02/25 at 03:50 pm, during an interview, Direct Care Staff (DCS) #1 stated the facility did not have resident activities provided or available due to a staff shortage.	8 027	Activities Calendar for the month of June was printed and posted.  Pre- Apprenticeship Program with 2 high school students established. They will be in M-F from 10am to 2pm to conduct activities with residents through August 2025.  Moving forward, staff will have supplies available to implement activities on calendar. Residents will be encouraged to attend. For residents who choose to stay in their rooms, staff will attempt to do activities with them (one on one visits, reading, coloring, paint nails, comb/curl hair, etc.).  Staff will be trained on importance of implementing activities to meet residents psychosocial and physical needs.  Exercise program on every Thursday Good Samaritan singing group monthly  House Manager will post monthly activities calendar. House Manager will ensure staff are implementing activities daily	6/2/25  6/9/25  7/8/25	