

Division of Health Improvement

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5870 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/27/2009 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF FARMINGTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 400 NORTH LOCKE FARMINGTON, NM 87401 | | |
| (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 |
| A36 | <p>7 NMAC 8.2.36 Medications</p> <p>7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws.</p> <p>A. Licensed health care professionals are responsible for the administration of medications.</p> <p>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 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. | A36 | | |

*Scanned
9/16/09*



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

TITLE *Administrator* (X6) DATE *9/16/09*

ORIGINAL

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| A36 | Continued From page 1 (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. G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting. H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions: (1) The resident is capable of determining when the medication is needed. (2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physician's instruction for a PRN medication shall include: (a) Symptoms that might indicate the use of the medication. (b) Exact dosage to be used. (c) The exact amount of medication to be used in a 24 hour period. (d) Directions as to what to do if the symptoms persist. (e) Possible interactions or side-effects that might occur. (f) Manufacturer's label information for directions if deemed adequate by the physician. I. The facility must report all medication errors to the physician. J. The facility shall develop and follow a written policy for unused, outdated, or recalled | A36 | | |



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| A36 | Continued From page 2 medications being kept in the facility. [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] THIS REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 - Staff Assistance with medications (shall be) provided and documented in accordance with state and federal laws. Based on record review and interviews, the facility failed to ensure that rectal suppositories as part of a medication regimen prescribed by a nursing agency were given only by licensed personnel in accordance with state and federal laws for 1 resident (Resident #1) of the facility. The findings are: A. On August 24, 2009 at 11:00 AM during review of resident charts it was noted that Resident #1 had on file, physician's orders for certification period beginning on 6/9/09. Among the physician's orders on that documents was an order for "Gentle Laxative Rectal Suppository 10 MG daily per rectum." During that same review, the facility MAR (Medication Administration Record) was reviewed. Initials of varying facility staff were observed there, indicating that the suppositories had been applied to Resident #1 by the facility staff. B. On August 24, 2009 at 11:00 AM during interviews with direct care staff, they confirmed that direct care staff who had received the "Assistance with Medications" certificate had been conducting this invasive process by applying the suppositories into Resident #1's rectum. They reported that the nursing agency's nurse assigned to Resident #1 "had trained" the facility's direct care staff on how to administer this invasive procedure to Resident #1. The direct care staff reported that they did not (up to that point in time) know that only a licensed nurse or | A36 | ⁰¹ A36 Hospice called immediately Orders changed to Dulcolax pills PO each evening by Dr Sabrina Digioia. See Attached A36.01 Caregivers and staff notified of change. RN Vida Guffey gave instruction. A36.02 See 2 Attached orders + Mar copies A36.03 Med assistance Training state as follows See attached. I contacted Beehive Home Office about this issue P-55 P-56 We followed thes guidelines P-23 Information was Faxed to Consuelo 8/27/09 @13:75 Until this is clarified + resolved Bee Hive will no assist with rectal suppositories. This will be done by RN or home Health Nurse or Hospice Nurse. Thank you Retha | |

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| A36 | Continued From page 3 other licensed personnel should be providing this kind of invasive procedure because the agency nurse did not tell them. The staff reported "thought it was okay" because the agency's nurse had "trained" facility staff on how to apply the suppositories into Resident #1's rectum. C. On August 24, 2009 during interviews with direct care staff subsequent to a phone conversation the facility had had with the nursing agency's "head nurse", the facility reported that the agency acknowledged that they knew that this was happening and told the facility that the agency that they could have Resident #1's family apply the suppositories or that the agency could otherwise have a meeting regarding the matter and then follow up with the facility. The surveyor requested outcome of this meeting regarding the administration of rectal suppositories to Resident #1 be submitted by fax to the Licensing Authority. | A36 | | |