STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7338	A. BUILDING _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF RATON	1465 TURNESA ST RATON, NM 87740

(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	Initial Comments The following deficiencies were cited during an Initial Survey completed on 07/31/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: [redacted]	8 000		
8 038	8 NMAC 370.14.38 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. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 Based on observation and interview, the facility	8 038	The manager on duty had an employee go and clean up the dried feces. This affected all residents who used the patio. moving forward, all caregivers will check the patios to confirm they are clean. During each shift	7/30/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lauren N. Administrator
TITLE: Administrator
(X6) DATE: 8/20/25

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8 038	Continued From page 1 failed to ensure for all residents, that the Northeast outdoor, covered patio on the back porch area of the facility was kept in a clean, orderly and attractive manner, free from dirt, debris, and animal droppings. This deficient practice could likely cause harm to residents if they are exposed to germs, unsanitary conditions, and bacteria which could lead to illness. The findings are: A. On 07/29/25 at 12:00 pm, during observation of the Northeast, outdoor, covered patio, back porch area in which there are 2 rocking chairs used for the residents' recreation, revealed the following: 1. Dried animal feces on the outdoor patio floor, to the right of the residents' rocking chairs. 2. Dried bird droppings on the resident's outdoor patio rocking chairs. B. On 07/30/25 at 9:35 am, during an interview, House Manager (HM) confirmed the feces had been there a while and that the staff had not cleaned it up.	8 038	caregivers will address cleanliness with manager. manager will oversee that the caregivers have been checking the patios. Also, manager will ensure patios are swept and sprayed off weekly.	
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility;	8 063	Facility administrator was notified of inoperable fire extinguisher from facility manager.	8/6/25

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8 063	Continued From page 2 (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.63 A (3) Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on observation and interview, the facility failed to ensure the facility's fire extinguishers were inspected monthly as recommended by the manufacturer. This deficient practice could likely result in the residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 07/30/25 at 9:35 am, during observation,	8 063	Phone call was made to **fire supply co** and appointment was made to replace extinguisher. Everyone had the ability to be affected. Caregivers were informed to check extinguishers as they walk past them. House manager will also check weekly. Administrator will	

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8 063	Continued From page 3 one fire extinguisher (#2) located in the northwest hallway of the facility was last inspection on 05/25. The fire extinguisher needle was in the red and needed to be recharged. B. On 07/30/25 at 9:35 am, during an interview with the House Manager (HM), she confirmed the fire extinguisher had not been inspected monthly as recommended by the manufacturer.	8 063	perform monthly checks as well! There will be a log kept on extinguisher for the monthly checks and in house reports book.	