STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3570	A. BUILDING: _____ B. WING _____	05/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GALLUP	600 GURLEY ROAD GALLUP, NM 87301

(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
A 000	Initial Comments The following deficiencies were cited as a result of an Initial survey completed on 05/04/18 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	A 000		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses;	A 025	A 025 The facility Administrator will have all resident evaluations reviewed and approved by a Registered Nurse. The RN will review and approve all new evaluations when they are performed by approved facility staff. The facility Administrator will be responsible for informing the RN any time a new evaluation has been performed. The Internal Auditor will also monitor the resident records during routine internal audits. The Facility has revised the standard evaluation form utilized by staff to include all required information. This revised form has been used to evaluate all residents currently living in the facility and will be utilized for all future residents. A 026 The facility Administrator will have all resident ISP's reviewed and approved by the facility Registered Nurse. Resident ISP's will be review by the RN for accuracy and compliance. The facility Administrator will be responsible for ensuring that all resident ISP's created are review by the RN.	5/14/2018 5/14/2018