

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINGSTON RESIDENCE OF SANTA FE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 LEGACY COURT SANTA FE, NM 87507</b>
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A 000	<p>Initial Comments</p> <p>A complaint investigation was conducted (NM00029862). All items in the complaint have been substantiated. This led to a complete Life Safety Code Survey being conducted.</p> <p>The following deficiencies were cited as a result of a complete survey conducted on November 18, 2015, for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.</p>	A 000		
A 042	<p>7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p>MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:</p> <p>A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.</p> <p>B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Reference NFPA 101, 2000 Edition</p> <p>7.1.6.2 Changes in Elevation. Abrupt changes in elevation of walking surfaces</p>	A 042		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A 042	<p>Continued From page 1</p> <p>shall not exceed 1/4 in. (0.6 cm). Changes in elevation exceeding 1/4 in. (0.6 cm), but not exceeding 1/2 in. (1.3 cm), shall be beveled 1 to 2. Changes in elevation exceeding 1/2 in. (1.3 cm) shall be considered a change in level and shall be subject to the requirements of 7.1.7.</p> <p>Based on observation and interview, the facility failed to ensure abrupt changes in elevation of walking surfaces did not exceed 1/4 inch at door threshold leading into the stairwell. This failed practice could result in a risk of potential injury to the nineteen (19) residents in Building A second floor. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 12:15 p.m., during observation, the floor where the carpet joins the vinyl floor tile was not provided with a threshold concealing the edge of the two floor materials and providing a transition from the corridor floor to the stairwell floor which created a change in elevation greater than 1/4 inch.</p> <p>B. On 11/18/15 at 12:55 p.m. during interview, the Maintenance Director acknowledged the finding.</p>	A 042		
A 044	<p>7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation</p> <p>HEATING, AIR-CONDITIONING AND VENTILATION:</p> <p>A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of</p>	A 044		

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A 044	<p>Continued From page 2</p> <p>current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel.</p> <p>B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents.</p> <p>C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock.</p> <p>D. Fireplaces and open flame heating shall not be utilized in sleeping rooms.</p> <p>E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.</p> <p>F. The facility shall be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means.</p> <p>G. All openings to the outside air used for ventilation shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices.</p> <p>H. The facility shall have a system for maintaining the residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual.</p>	A 044		

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A 044	<p>Continued From page 3</p> <p>[7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ventilation system in the main dryer room was maintained and the area behind dryers were free from stored items. This failed practice could result in a risk of potential harm to staff in Building C. The findings are:</p> <p>A. On 11/18/15 at 1:10 pm, during observation, the 10" dryer vent behind the dryer was crushed. There were folding chairs stored behind the dryer.</p> <p>B. On 11/18/15 at 1:15 pm, during observation, the door behind the east dryer was not provided with a lockset and combustible materials and other items were being stored behind the dryer.</p> <p>C. On 11/18/15 at 1:10 pm, during interview, the Maintenance Director acknowledged the finding.</p>	A 044		
A 048	<p>7 NMAC 8.2.48 Electrical System</p> <p>ELECTRICAL SYSTEM:</p> <p>A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service.</p> <p>B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency.</p> <p>C. Electrical cords and appliances shall be U/L approved.</p> <p>(1) Electrical cords shall be replaced as soon as they show wear.</p>	A 048		

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A 048	<p>Continued From page 4</p> <p>(2) Extension cords shall not be used. The use of a multi-socket united laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) feet in length is permitted for the intended purpose and not as an extension cord. [7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: NFPA 70 National Electric Code 210.8 Ground Fault Circuit Interrupter Protection for Personnel 210.8 (B) Other than dwelling units. All 125 volt, single phase, 15 and 20 ampere receptacles installed in the locations specified in 210.8 (B)(1) through (8) shall have ground fault circuit interrupter protection for personnel. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception 1: to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow melting, de-icing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22 as applicable.</p> <p>Exception 2: to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B) (2) shall be permitted for only those receptacles outlets used to supply equipment that would create a greater hazard if power is interrupted or</p>	A 048		

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A 048	<p>Continued From page 5</p> <p>having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 6 ft. of the outside edge of the sink.</p> <p>Exception 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>314.25: Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B)</p> <p>406.5(F): Receptacles shall be enclosed so that live wiring terminals are not exposed to contact.</p> <p>Based on observation and interview, the facility failed to ensure electrical equipment and wiring is in accordance with NFPA 70 (National Electrical Code). Electrical outlets were in close proximity</p>	A 048		

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A 048	<p>Continued From page 6</p> <p>to water source and were not equipped with Ground Fault Circuit Interrupters (GFCI). This failed practice could result in a risk of potential harm to seventy one (71) residents in Building A second and third floor and in the Memory Care Unit. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 11:50 am, during observation of the Beauty Salon in buliding A, second floor, was not protected with a GFCI outlet.</p> <p>B. On 11/18/15 at 12:25 pm, during observation of the Laundry room in building A, third floor, electrical outlet behind washer was not protected with GFCI.</p> <p>C. On 11/18/15 at 11:50 am, during observation of the Beauty Salon in the Memory Care unit, was not protected with a GFCI outlet.</p> <p>D. On 11/18/15 at 11:55 a.m. during interview, the Maintenance Director acknowledged the findings.</p> <p>Section 1-5.2.5.2 Connections to the light and power service shall be on a dedicated branch circuit(s). The circuit(s) and connections shall be mechanically protected. Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit.</p>	A 048		

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A 048	<p>Continued From page 7</p> <p>Section 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on observation and staff interview, the facility failed to ensure the circuit breaker dedicated to the fire alarm system was mechanically protected, identified with a red marking and labeled "FIRE ALARM CIRCUIT CONTROL" in accordance with NFPA 72 (National Fire Alarm Code). This failed practice presents a risk that the fire alarm system may not be operational in the event of fire or other emergency and would prevent staff from responding in a timely manner for safe evacuation of residents. This deficient practice presents a risk of potential harm by fire to all one hundred and seventeen (117) residents and staff in the facility. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 1:20 pm, during observation, the electrical panel failed to mechanically protect</p>	A 048		

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A 048	Continued From page 8  the electrical breaker dedicated to the fire alarm system.  B. On 08/18/15 at 1:20 pm, during interview, the Maintenance Director acknowledged the finding.	A 048		
A 061	7 NMAC 8.2.61 Fire Alarms, Smoke Detectors and Other Equip  FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. Fire alarm system. Facilities with four (4) or more residents shall have a manual fire alarm system. The manual fire alarm shall be inspected and approved in writing by the fire authority with jurisdiction. B. Smoke and heat detection. Approved smoke detectors shall be installed on each floor that when activated provides an alarm which is audible in all sleeping areas. Areas of assembly, such as the dining and living room(s) must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors shall be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all kitchens and also powered by the house electrical service. [7.8.2.61 NMAC - Rp, 7.8.2.60 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by:	A 061		

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A 061	<p>Continued From page 9</p> <p>NFPA 101® Life Safety Code® 2000 Edition 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>9.6.3.6 Notification signals for occupants to evacuate shall be by audible and visible signals in accordance with NFPA 72, National Fire Alarm Code, and CABO/ANSI A117.1, American National Standard for Accessible and Usable Buildings and Facilities, or other means of notification acceptable to the authority having jurisdiction shall be provided.</p> <p>Exception No. 1: Areas not subject to occupancy by persons who are hearing impaired shall not be required to comply with the provisions for visible signals.</p> <p>Exception No. 2: Visible-only signals shall be provided where specifically permitted in health care occupancies in accordance with the provisions of Chapters 18 and 19.</p> <p>Exception No. 3: Existing alarm systems shall not be required to comply with the provision for visible signals.</p> <p>Exception No. 4: Visible signals shall not be required in lodging or rooming houses in accordance with the provisions of Chapter 26.</p> <p>9.6.3.7 The general evacuation alarm signal shall operate throughout the entire building.</p> <p>Reference NFPA 72</p>	A 061		

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A 061	<p>Continued From page 10</p> <p>National Fire Alarm Code® 1999 Edition 4-4.4.1* Spacing in Rooms. 4-4.4.1.1 Spacing shall be in accordance with Tables 4-4.4.1.1(a) and (b) and Figure 4-4.4.1.1. Visible notification appliances shall be installed in accordance with Table 4-4.4.1.1(a), using one of the following:</p> <ol style="list-style-type: none"> <li>(1) * A single visible notification appliance.</li> <li>(2) Two visible notification appliances located on opposite walls.</li> <li>(3) * More than two appliances in any field of view, spaced a minimum of 55 ft (16.76 m) from each other in rooms 80 ft 80 ft (24.4 m 24.4 m) or greater.</li> <li>(4) More than two visible notification appliances in the same room or adjacent space within the field of view that flash in synchronization. This requirement shall not preclude synchronization of appliances that are not within the same field of view.</li> </ol> <p>Explanatory Material A-4-4.4.1.1(3) The field of view is based on the focusing capability of the human eye specified as 120 degrees in the Illuminating Engineering Society (IES) Lighting Handbook Reference and Application. The apex of this angle is the viewer 's eye. In order to ensure compliance with the requirements of 4-4.4.1.1, this angle should be increased to approximately 135 degrees. Testing has shown that high flash rates of high intensity strobe lights can pose a potential risk of seizure to people with photosensitive epilepsy. To reduce this risk, more than two visible appliances are not permitted in any field of view unless they are separated by at least 55 ft (16.8 m) or unless their flashes are synchronized. A-4-4.4.2.2</p>	A 061		

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A 061	<p>Continued From page 11</p> <p>Visible appliances in corridors are permitted to be mounted on walls or on ceilings in accordance with 4-4.4.2.2. When there are more than two appliances in a field of view, they need to be at least 55 ft (16.8 m) apart or they need to be synchronized.</p> <p>Reference NFPA 72: Section 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system. Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on record review and interview, the facility failed to ensure the fire alarm system and its components were being tested and inspected by a certified company at least every 12-months and was being maintained as required by NFPA 72 (National Fire Alarm Code). Not performing routine maintenance on the fire alarm system and its components could result in an unreliable system in the event of fire, which presents the risk of potential harm to all one-hundred and seventeen (117) residents. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. Record review of the fire alarm inspection</p>	A 061		

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A 061	Continued From page 12  records revealed no evidence the fire alarm testing is being performed on the facility.  B. On 08/18/15 at 4:00 pm, during interview, the Maintenance Director acknowledged the finding.	A 061		
A 062	7 NMAC 8.2.62 Automatic Fire Protection (Sprinkler) System  AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with NFPA 13 or NFPA 13D or its subsequent replacement as applicable. [7.8.2.62 NMAC - Rp, 7.8.2.61 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: Reference Tag D. FIRE PROTECTION: (1) Basic Responsibility:  Reference: NFPA 13, Sect. 8.15.9 Library Stack Areas and Medical Records Storage.  Where books or medical records are stored in fixed open book shelves, sprinklers shall be installed.  Based on observation and interview, the facility failed to ensure the automatic fire sprinkler system was installed in the Records Storage room at the east end of the second floor corridor in Building A as required by NFPA 13, (Standard for the Installation of Sprinkler Systems). This	A 062		

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A 062	<p>Continued From page 13</p> <p>failed practice could result in a risk of potential harm to nineteen (19) residents in Building A second floor. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 12:15 pm, during observation, the Records Storage room was not protected with a sprinkler system.</p> <p>B. On 11/18/15 at 12:15 pm, during interview, the Maintenance Director acknowledged the finding.</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier walls and ceilings were properly protected from penetrations in accordance with NFPA 101, section 8.3. Incomplete construction, unprotected penetrations, openings and gaps would permit the movement of smoke from one smoke compartment to another and/or one floor to another. This failed practice could result in a risk of potential harm to twenty seven (27) residents in Building A third floor and Building B third floor. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 12:30 pm, during observation, penetrations in Building A, third floor Laundry room storage, ceiling and walls were not sealed.</p> <p>B. On 11/18/15 at 12:35 pm, during observation, penetrations in Building A, third floor storage at west end of 300 corridor, conduit penetrations and hole were not sealed.</p>	A 062		

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A 062	<p>Continued From page 14</p> <p>C On 11/18/15 at 12:45 pm, during observation, a 4 inch x 6 inch drywall opening existed in the storage closet ceiling in Building A first floor.</p> <p>D. On 11/18/15 at 2:10 pm, during observation, penetrations in Building B, third floor Laundry room storage, were not sealed.</p> <p>E. On 11/18/15 at 2:20 pm, during observation, penetrations in Building B, Sprinkler Riser room at south end, were not sealed.</p> <p>F. On 11/18/15 at 12:30 pm, during interview, the Maintenance Director confirmed the findings.</p> <p>Based on observation and staff interview, the facility failed to ensure the stairwell door at the east end of the 100 corridor in Building A was capable of resisting the passage of smoke and there is no impediment to the closing and latching of these doors. It is essential that doors provided with self closing devices are maintained to close and latch on their own so that in the event of a fire, these doors would prevent the spread of smoke and/or fire to and from other areas of the facility. This failed practice could result in a risk of potential harm to twelve (12) residents. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. On 11/18/15 at 12:55 pm, during observation, corridor/stairwell door at the east end of the 100 corridor had a 1/2" gap at the top of the door.</p>	A 062		

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A 062	<p>Continued From page 15</p> <p>B. On 11/18/15 at 12:55 pm, during interview, the Maintenance Director confirmed the finding.</p> <p>Reference NFPA 25, 1998 Edition</p> <p>9-7 Fire Department Connections. Section 9-7.1 Fire department connections shall be inspected quarterly. The inspection shall verify the following:</p> <ul style="list-style-type: none"> <li>(a) The fire department connections are visible and accessible.</li> <li>(b) Couplings or swivels are not damaged and rotate smoothly.</li> <li>(c) Plugs or caps are in place and undamaged.</li> <li>(d) Gaskets are in place and in good condition.</li> <li>(e) Identification signs are in place.</li> <li>(f) The check valve is not leaking.</li> <li>(g) The automatic drain valve is in place and operating properly.</li> </ul> <p>Based on observation and interview, the facility failed to ensure the Fire Department Connection (FDC) was properly identified with signage as required by NFPA 25 (Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems). Not properly identifying the location of the FDC with signage could result in a delay of emergency response personnel pumping supplemental water into the sprinkler system in the event of fire, which presents a risk of potential harm to all one hundred and seventeen (117) residents. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p>	A 062		

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A 062	<p>Continued From page 16</p> <p>A. On 11/18/15 at 1:15 pm, during observation, the FDC at Building A was not identified with signage.</p> <p>B. On 11/18/15 at 2:25 pm, during observation, the FDC at Building B was not identified with signage.</p> <p>C. On 11/18/15 at 2:25 pm, during observation, the FDC at Building C was not identified with signage.</p> <p>D. On 11/18/15 at 3:00 pm, during observation, the FDC at the Community Building was not identified with signage.</p> <p>E. On 08/18/15 at 1:15 pm, during interview, the Maintenance Director confirmed the finding.</p> <p>Based on record review and interview, the facility failed to provide evidence on an annual fire inspection report by the local Fire Marshall authority. This deficient practice presents a risk of potential harm by fire to all one hundred and seventeen (117) residents and staff in the facility. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. Record review revealed there were no annual inspections of the facility and certification by the local fire authority.</p> <p>B. On 08/18/15 at 4:30 pm, during interview, the Maintenance Director confirmed the finding.</p>	A 062		

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A 063	Continued From page 17	A 063		
A 063	<p>7 NMAC 8.2.63 Fire Extinguishers</p> <p><b>FIRE EXTINGUISHERS:</b> Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction.</p> <p>A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers:</p> <p>(1) one (1) extinguisher located in the kitchen or food preparation area;</p> <p>(2) one (1) extinguisher centrally located in the facility;</p> <p>(3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection;</p> <p>(4) the maximum distance between fire extinguishers shall be fifty (50) feet.</p> <p>B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority.</p> <p>[7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Reference NFPA 10</p> <p>Section 1-6.3 Extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel, including exits from areas.</p> <p>Based on observation and staff interview, the facility failed to assure a fire extinguisher was</p>	A 063		

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A 063	Continued From page 18  readily accessible and immediately available in the event of fire at the generator area, in accordance with NFPA 10, (Standard for Portable Fire Extinguishers). This deficient practice has the potential to affect all one hundred and seventeen (117) residents, staff and occupants of the facility in the event of a fire due to the large amounts of fuel storage at the generator area. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:  A. On 11/18/15 at 2:45 pm, during observation, there was no fire extinguisher at the outdoor generator area.  B. On 08/18/15 at 2:45 pm, during interview, the Maintenance Director acknowledged the finding.	A 063		
A 065	7 NMAC 8.2.65 Fire Drills  FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be	A 065		

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A 065	<p>Continued From page 19</p> <p>requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure fire drills were conducted at least quarterly on every shift to assure preparedness for emergency response (Federal regulations require that fire drills shall not exceed 90-day spacing between drills on each shift). This deficient practice presents a risk of potential harm by fire to all one hundred and seventeen (117) residents and staff in the facility. Residents were identified by a Daily Census list provided by the president and CEO on 11/18/15. The findings are:</p> <p>A. The facility has two (2) nursing shifts:  Day Shift (7:00 am - 7:00 pm) Night Shift (7:00 pm - 7:00 am)</p> <p>B. Record review of the fire drill log with the Maintenance Director revealed the following:</p> <ol style="list-style-type: none"> <li>1. A fire drill was conducted on June 2015 on the day shift.</li> <li>2. A fire drill was conducted on September 2015 on the night shift.</li> <li>3. Fire drills were conducted on October 2015 on both the day shift and night shift.</li> <li>4. No other fire drills were available for review.</li> </ol>	A 065		

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A 065	Continued From page 20  C. On 08/18/15 at 4:15 pm, during interview, the Maintenance Director acknowledged the finding.	A 065		