

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>04/06/2010</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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(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 01	OPENING REMARKS  The following deficiencies are cited as a result of an annual survey conducted on April 6, 2010, for the Life Safety Code portion of New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A41	7 NMAC 8.2.41 Building Construction  7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions, or alterations to existing buildings are contemplated, plans, code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility.	A41		

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

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A41	<p>Continued From page 1</p> <p>(3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents.</p> <p>(4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability.</p> <p>(5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided:</p> <p>(a) The facility was in compliance with codes and standards at the time of initial licensure.</p> <p>(b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff.</p> <p>(c) The facility maintains prompt evacuation capabilities.</p> <p>B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses.</p> <p>C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with</p>	A41		

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A41	<p>Continued From page 2</p> <p>Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner.</p> <p>(1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation.</p> <p>(2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system.</p> <p>(3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system.</p> <p>D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following:</p> <p>(1) Main entry into the facility must provide wheelchair access.</p> <p>(2) Building must allow access to main living area and dining area.</p> <p>(3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access.</p> <p>(4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch</p>	A41		

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A41	<p>Continued From page 3</p> <p>diameter clear space (turning radius for a wheelchair).</p> <p>(5) If ramps are provided to the building, a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails.</p> <p>(6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering.</p> <p>E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility's practice failed to ensure the facility 1-hour fire rated walls were properly maintained between the mechanical rooms and the residential areas as required by Table 803.9 of the International Building Code 1997 edition. The deficient practice had the potential to affect staff, 96 residents and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <p>First Floor:</p> <p>1. At 9:50 am, the ceiling had exposed metal</p>	A41		

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A41	<p>Continued From page 4</p> <p>studs and missing the sheet rock in the east and west electrical/ mechanical rooms. These rooms were equipped with 1-hour fire rated doors and 1-hour fire rated construction.</p> <p>a. When asked, the Administrator and Maintenance Director stated. "I have no idea why this was never corrected."</p> <p>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</p> <p>Second Floor:</p> <p>2. At 10:45 am, the ceiling had exposed metal studs and missing the sheet rock in the east and west electrical/ mechanical rooms. These rooms were equipped with 1-hour fire rated doors and 1-hour fire rated construction.</p> <p>a. When asked, the Administrator and Maintenance Director stated. "It appears they forgot to finish the ceilings in all they rooms."</p> <p>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</p> <p>Based on observation and staff interview, the facility failed to report new construction to the Licensing Authority having jurisdiction. The facility failed to submit building and floor plans for review and approval to the Licensing Authority and Building Authority prior to installing or upgrading equipment. The deficient practice had the potential to affect residents who use the laundry room in the lower level of the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the</p>	A41		

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A41	Continued From page 5  Life Safety Code Surveyor observed the following:  1. At 11:15 am, in a room labeled laundry room, the room contained an electric water heater. The electric water heater was not installed per Uniform Plumbing Code(UPC). The pressure relief valve was plumbed into an existing drain line below a sink. The discharge side of the pressure relief valve shall discharge into a floor drain or 6-inches protruding the exterior wall of the facility. a. The 2-inch space between the pressure relief valve discharge pipe and the drain was not provided. The end of the discharge pipe was threaded into an existing drain line, a threaded end is not allowed. b. When asked, the Maintenance Director stated. "I have no idea how or when this unit got installed." c. When asked, the Administrator stated. "I have been here 6 years and no new construction has taken place since." d. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A41		
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds  7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems,	A43		

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A43	<p>Continued From page 6</p> <p>(as applicable).</p> <p>B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times.</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility's practice failed to ensure that fire and smoke barrier doors and walls are maintained, including positive latching and that there is no impediment to prevent those doors from being opened or closing and capable of resisting the passage of smoke and fire. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <p>First Floor:</p> <p>1. At 9:47 am, in the corridor between Angel and Buena Vista, the left leaf double doors in the corridor failed to latch on their own when tested.</p> <p>a. When asked, the Administrator and Maintenance Director stated. "We just paid someone to have the doors fixed."</p> <p>b. The Administrator and Maintenance Director</p>	A43		

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A43	Continued From page 7  acknowledged the finding at the exit conference at 4:30 pm.  2. At 9:47 am, in the corridor to Alta Vista, the double doors in the corridor failed to latch on their own when tested. a. When asked, the Administrator and Maintenance Director stated. "We just paid someone to have the doors fixed." b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A43		
A44	7 NMAC 8.2.44 Hazardous Areas  7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core.	A44		

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A44	<p>Continued From page 8</p> <p>EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a self closing device for the door to a hazardous area, as defined per NFPA 101 (Life Safety Code). The deficient practice had the potential to affect staff, residents and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 10:40 am, the main laundry room doors to the corridor and to the soiled holding were propped open with the use of an unapproved door stop device. <ol style="list-style-type: none"> <li>a. This door stop prevented the door self-closure to operate as intended.</li> <li>b. The facilities practice of holding the door open would not prevent the spread of fire or smoke.</li> <li>c. The laundry room, as defined by International Fire Code (IFC) Chapter 7, is considered a hazardous area.</li> <li>d. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>2. At 11:42 am, the door to the gas furnace</li> </ol>	A44		

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A44	Continued From page 9  room adjacent to the pool room, was not a fire rated door and was missing the closing device. a. When asked, the Maintenance Director stated. "I believe that furnace is not in use." b. The surveyor checked and noticed the plug was disconnected, but the gas to line to the furnace was connected and the gas valve was in the on position. c. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A44		
A45	7 NMAC 8.2.45 Heating, Ventilation & Air-Conditioning  7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock.	A45		

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A45	<p>Continued From page 10</p> <p>D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms.</p> <p>E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.</p> <p>F. A facility must 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 must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices.</p> <p>H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual.</p> <p>[ 7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility's practice failed to ensure that the ventilation equipment be installed and maintained to meet all requirements including monthly inspections of these systems. The deficient practice had the potential to affect all residents, staff and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p>	A45		

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A45	<p>Continued From page 11</p> <ol style="list-style-type: none"> <li>1. At 1:18 pm, the exhaust fan located in the Alta Vista soiled holding room did not work when tested.               <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director stated, "I don't know what is wrong here."</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>2. At 1:30 pm, the Buena Vista main laundry janitor's closet was missing the exhaust fan.               <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director stated: "I guess a lot of rooms have this problem."</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>3. At 1:40 am, the exhaust fan failed to vent the air when tested in the memory care janitors closet.               <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director stated: "One more that doesn't work."</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>4. At 2:18 pm, the exhaust fan located in the Buena Vista janitors closet on the 2nd floor did not work when tested.               <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director stated, "I don't know what is wrong here."</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>5. At 2:23 pm, the exhaust fan located in the Buena Vista beauty shop on the 2nd floor did not work when tested.               <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director</li> </ol> </li> </ol>	A45		

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A45	Continued From page 12  stated, "I don't know what is wrong here." b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A45		
A48	7 NMAC 8.2.48 Lighting & Lighting Fixtures  7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting. C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]  This REQUIREMENT is not met as evidenced by:	A48		

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A48	<p>Continued From page 13</p> <p>Based on observation and testing, the facility's practice failed to ensure emergency lighting was installed and maintained throughout the facility to illuminate all means of egress in the event of disruption of electrical service. The deficient practice had the potential to affect 85 residents in the upper levels, staff and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 1:50 pm, an emergency light fixture was not provided in the north stairwell of the Buena Vista facility.               <ol style="list-style-type: none"> <li>a. When asked, the Administrator and Maintenance Director stated. "It appears they forgot to install them in this stairwell."</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>2. At 1:25 pm, the emergency light in the Alta Vista south stairwell failed to illuminate when tested.               <ol style="list-style-type: none"> <li>a. The Administrator and Maintenance Director acknowledged the finding.</li> </ol> </li> </ol>	A48		
A49	<p>7 NMAC 8.2.49 Elements of Facility Electrical System</p> <p>7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM:</p> <p>A. All fuse and breaker boxes must be labeled to indicate the area of the facility to</p>	A49		

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A49	<p>Continued From page 14</p> <p>which each fuse or circuit breaker provides service.</p> <p>B. All staff personnel of the facility must know the location of the electrical disconnect switch and how to operate it in case of emergency.</p> <p>C. Electrical cords and appliances must be U/L approved.</p> <p>(1) Electrical cords shall be replaced as soon as they show wear.</p> <p>(2) Extension cords are prohibited.</p> <p>EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00]</p> <p>K</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility's practice failed to install and maintain the electrical systems and components such as panels, conduit, junction boxes, disconnect switches, telephone and low voltage control wiring, support strapping, wiring connections to equipment and control cabinets throughout the facility. The deficient practice had the potential to affect staff in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p>	A49		

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A49	Continued From page 15  1. At 1:40 pm, a run of 1/2-inch conduit leading to the dedicated power source for the sprinkler riser tamper switch, had an electrical j-box attached. The j-box was providing power for an electric heater and a light and switch. The switch leg of the power for the light fixture was connected using unapproved exposed Romex wire. a. When asked, the Maintenance Director stated. "The heater is so the water doesn't freeze. The fire system should also be in it's own dedicated conduit." b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A49		
A51	7 NMAC 8.2.51 Exits  7.8.2.51 EXITS: A. Each facility must have at least two (2) approved exits, that do not involve windows and which are remote from each other. At least one path of travel shall be provided that does not traverse any space exposed to unprotected vertical openings or common living spaces. B. Facilities with ten (10) or more residents shall have each exit clearly marked with signs having letters at least six inches (6") high whose principal strokes are at least 3/4 of an inch wide. Exit signs shall be visible at all times. C. Exits must be clear of obstructions at all times. D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking. E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care	A51		

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A51	<p>Continued From page 16</p> <p>facilities with three (3) or fewer residents may have sliding doors as required exits. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.51 NMAC - Rn, 7 NMAC 8.2.51, 8-31-00] This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure exit and directional signs are displayed in accordance with International Fire Code, Section 1011 with continuous illumination. The deficient practice had the potential to affect residents in the Buena Vista residents, staff, and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 11:20 am, in the Angel dining corridor did not have an exit sign indicating the path of egress to a public way. <ol style="list-style-type: none"> <li>a. When asked, the Maintenance Director stated. "Why didn't the Fire Marshall catch that?"</li> <li>b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>2. At 11:50 am, the exit sign in the Buena Vista south corridor was obstructed from clear view by a ceiling mounted light fixture. <ol style="list-style-type: none"> <li>a. The Administrator and the Maintenance Director acknowledged the findings.</li> </ol> </li> </ol>	A51		
A59	<p>7 NMAC 8.2.59 Fire Clearance &amp; Inspections</p> <p>7.8.2.59 FIRE CLEARANCE AND</p>	A59		

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A59	<p>Continued From page 17</p> <p>INSPECTIONS:</p> <p>A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license.</p> <p>B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the facility is inspected by the local fire prevention authority at least every twelve (12) months. The deficient practice had the potential to affect all residents, staff and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <p>1. At 8:20 am, during the review of facility fire inspection records. The Maintenance Director revealed the most current Fire Marshall inspection report dated 6/26/09.</p>	A59		

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A59	Continued From page 18  a. The inspection report from the Fire Marshall revealed deficiencies at that time. b. When asked if a report clearing the deficiencies was available. The Maintenance Director stated, "We have not received a report from the Fire Marshall clearing the deficiencies." c. No additional documentation was provided confirming a current fire marshal inspection. d. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.	A59		
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip  7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room 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 must be installed in	A60		

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A60	<p>Continued From page 19</p> <p>corridors at no more than thirty (30) foot spacing.</p> <p>(4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the fire alarm system and its heating/cooling fresh air vertical intakes between floors were installed in accordance with NFPA 72 (National Fire Alarm Code), NFPA 70 (National Electric Code) and NFPA 90A (HVAC SYSTEM COMPONENTS). The deficient practice had the potential to affect all residents, staff and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 11:00 am, a pull station was not provided at the front entrance or within 200 feet of the exit access. <ol style="list-style-type: none"> <li>a. When asked, the Director of Maintenance stated. "I didn't even know that wasn't there."</li> <li>b. The Administrator acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> <li>2. At 2:00 pm, the two pipe heating/cooling unit mounted in the storage room, which is located in the Residential Care Coordinator office. Has a fresh air vertical duct extending to the lower level mechanical room. The vertical duct is not equipped with an isolation fire damper.</li> </ol>	A60		

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A60	Continued From page 20  a. When asked, the Maintenance Director stated: "I don't know if this unit is even used." b. The Administrator and Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.  3. At 2:30 pm, the tamper switch for fire sprinklers control valve in the memory care wing was not connected to the fire alarm panel. a. When asked, the Maintenance Director stated. "I guess they missed hooking it up to the fire panel." b. The Administrator acknowledged the finding at the exit conference at 4:30 pm.	A60		
A64	7 NMAC 8.2.64 Smoking  7.8.2.64 SMOKING: A. Smoking by residents and staff must only be done in supervised areas designated by the facility and approved by the State Fire Marshall or local fire prevention authorities. Smoking must not be allowed in a kitchen or food preparation areas. B. All designated smoking areas must be provided with suitable ashtrays. C. Residents must not be permitted to smoke in their sleeping rooms. D. Smoking must not be permitted where oxygen is in use or stored. [9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7 NMAC 8.2.64, 8-31-00]  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoking areas were	A64		

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A64	<p>Continued From page 21</p> <p>identified with signs and ashtrays of noncombustible material and safe design were provided at all designated smoking areas. The deficient practice had the potential to affect all residents, staff and visitors in the facility. The licensed capacity of the facility is 105 residents the census was 96 residents. Findings are:</p> <p>On April 6, 2010, during a tour of the facility with the Administrator and Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. Between 8:20 am and 4:30 pm, The designated smoking areas were not identified with the appropriate signs. The smoking posts/ashtrays revealed they were constructed of combustible material (plastic).               <ol style="list-style-type: none"> <li>a. The Administrator and the Maintenance Director acknowledged the finding at the exit conference at 4:30 pm.</li> </ol> </li> </ol>	A64		