

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5882</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - CAMINO RETIREMENT AP</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMINO RETIREMENT APARTMENTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>12101 LOMAS NE ALBUQUERQUE, NM 87112</b>		
(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	<b>OPENING REMARKS</b>  Surveyor: 21963 The following deficiencies are cited as a result of an annual Life Safety Code survey conducted on March 4, 2009, for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A43	<b>7 NMAC 8.2.43 Maintenance of Building &amp; Grounds</b>  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, (as applicable). 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. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. 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: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to ensure that fire and smoke barrier doors are maintained closed, positive latching and that there is no impediment to prevent those doors from closing. The deficient	A43 <i>ES</i> <i>Scanned</i> <i>03-25-09</i>		



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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

TITLE *Charles J. Potts* (X6) DATE **3-16-09**

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A43	<p>Continued From page 1</p> <p>practice had the potential to affect all residents, staff, and visitors in the facility. The licensed capacity of the facility is 80 residents the census was 71 residents. Findings are:</p> <p>On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 8:29 am, the 1st floor Janitor's Closet located in the main corridor did not have a self closing device and did not have an exhaust fan or means to vent the room..               <ol style="list-style-type: none"> <li>a. The janitor's closet had carpet for floor covering and had a foul smell.</li> <li>b. When asked, the Director stated, "I did not know a closing device was needed."</li> <li>c. The Director then stated, "I don't know why there isn't a vent in here."</li> <li>d. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</li> </ol> </li> <li>2. At 8:35 am, the 1st floor elevator mechanical/sprinkler riser room located in the main corridor did not have a self closing device.               <ol style="list-style-type: none"> <li>a. When asked, the Director stated, "I did not know a closing device was needed."</li> <li>b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</li> </ol> </li> <li>3. At 9:50 am, the Janitor's Closet located in the Kitchen did not have a self closing device and did not have an exhaust fan or means to vent the room.               <ol style="list-style-type: none"> <li>a. The room had a foul smell leading into the back kitchen corridor.</li> <li>b. When asked, the Director stated, "I did not know a closing device was needed."</li> <li>c. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</li> </ol> </li> </ol>	A43	<p><b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p><b>1. All self-closing devices shall be installed to include the 1<sup>st</sup> floor Janitor's Closet, the 1<sup>st</sup> floor mechanical/sprinkler riser room, the 1<sup>st</sup> floor Janitors closet in the kitchen 2. These areas are to be self-closing to protect the safety of the residents 3. The Executive Director shall maintain compliance by checking throughout the facility that all self-closing devices are installed and functioning properly. Date of Completion is 04/12/09</b></p> <p><b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p><b>1. The 1<sup>st</sup> floor Janitors Closets in the kitchen and in the main corridor and the 2<sup>nd</sup> and 3<sup>rd</sup> floor Janitor Closets shall have exhaust fans installed to vent the rooms and carpet replaced with vinyl floor covering. 2. These areas are to be vented to decrease odors and to promote safety of the residents. 3. The Executive Director shall maintain compliance by checking that no odors are detected in these closets and that exhaust fans are functioning properly. Date of Completion is 04/12/09</b></p>	
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A43	Continued From page 2  4. At 11:00 am, the smoke compartment separation doors on the 1st, 2nd and 3rd floors failed to close and latch when tested. a. When asked, the Director stated, "We just tested those doors last week." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  5. At 1:00 pm, the Soiled/Clean Storage room located on the 2nd floor had a foul smell due to the soiled linen on the floor. The room did not have an exhaust fan or means to vent the room. a. The room was over 250 square feet and contained storage lockers. b. When asked what was in the plastic lockers, the Director stated, "they contain clean linen for the residents." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  6. At 1:25 pm, the 2nd floor Janitor's Closet located in the main corridor had carpet for floor covering and had a foul smell and did not have an exhaust fan or means to vent the room. a. When asked, the Director stated, "I don't know why there isn't a vent in here." b. The Director acknowledged the finding during the exit conference at 2:15pm.  7. At 1:45 pm, the 3rd floor Janitor's Closet located in the main corridor had carpet for floor covering and had a foul smell and did not have an exhaust fan or means to vent the room. a. When asked, the Director stated, "I don't know why there isn't a vent in here." b. The Director acknowledged the finding during the exit conference at 2:15pm.	A43	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> <b>1. The smoke compartment separation doors on 1<sup>st</sup>, 2<sup>nd</sup> AND 3<sup>rd</sup> floors shall be checked and tested for working order and fixed as necessary. 2. These areas are to be self closing to separate smoke from residents in case of a fire to protect the safety of the residents 3. The Executive Director shall maintain compliance by checking the functioning of these doors monthly during the fire drills and note this on the fire drill records. Date of Completion is 04/12/09</b>  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> <b>1. The Soiled/Clean Storage room on the 2<sup>nd</sup> floor shall have an exhaust fan installed to vent the room. 2. This area is to be vented to decrease odors and to promote and safety of the residents 3. The Executive Director shall maintain compliance by checking that no odors are detected and that the exhaust fan is functioning properly. Date of Completion is 04/12/09</b>  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> <b>2<sup>nd</sup> floor and 3<sup>rd</sup> floor Janitors Closets</b>	

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A43	Continued From page 3  Based on observation and staff interview, the facility's practice failed to maintain the facility in good repair and serviceability. The buildings and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. The deficient practice had the potential to affect all residents, staff, and visitors in the facility. The licensed capacity of the facility is 80 residents the census was 71 residents. Findings are:  On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:  1. At 8:39 am, the wall to the 1st floor elevator mechanical/sprinkler riser room above the ceiling grid over the door had penetrations. a. When asked, the Director stated: "I will put an access panel on that opening." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  2. At 8:39 am, the east entrance door to the building failed to close when opened to 90 degrees and released. The concrete pad at the lower portion of the door was holding the door open. a. When asked, the Director stated, "I have to get that concrete worked on." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  3. At 9:12 am, the return air duct located in the main electrical room/maintenance shop that supplies return air for the 1st, 2nd and 3rd floor levels had an incomplete sheet rock wall with exposed wood beams. a. When asked, the Director stated: "I will	A43	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. The wall to the 1 <sup>st</sup> floor elevator/sprinkler riser room shall have all penetrations repaired or sealed. 2. This is a protected area for resident safety. 3. The Executive Director shall maintain compliance by checking throughout the facility that there are no penetrations into ceilings that are left open. Date of Completion is 04/12/09  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. The east entrance door to the building shall have the concrete fixed to allow the door complete opening and closing upon release of the door. 2. These doors need to open and close freely to protect the safety of the residents 3. The Executive Director shall maintain compliance by checking throughout the facility that all doors into and out of the building open and close freely when released. Date of Completion is 04/12/09  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. The return air duct located in the main electrical room/maintenance shop that supplies return air for the 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> floor levels shall have the exposed wood beams covered with sheet rock. 2. Covering exposed beams helps to maintain safety in the building for the residents. 3. The Executive Director shall maintain compliance by	

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A43	<p>Continued From page 4</p> <p>have that opening covered."</p> <p>b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</p> <p>4. At 9:30 am, the west patio access door to the building failed to close or latch when opened to 90 degrees and released.</p> <p>a. When asked, the Director stated, "I have to get that door adjusted."</p> <p>b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</p> <p>5. At 9:34 am, the emergency gas shut off valve controls box for the gas appliances in the Kitchen, was missing a cover plate to the actuating valve controls box. The interior of the box and the valve assembly were covered in grease residue.</p> <p>a. When asked, the Director stated, "I will have that cover replaced and the valve cleaned."</p> <p>b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</p> <p>6. At 9:45 am, the floor behind the gas fired stove grill and steam tables had grease, debris and trash underneath.</p> <p>a. When asked, the Director stated, "I will have that cleaned-up."</p> <p>b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</p> <p>7. At 9:49 am, the tile throughout the kitchen was missing tiles in two corners and crumbling underneath the sinks and appliances.</p> <p>a. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.</p> <p>8. At 9:53 am, a 12 inch by 18 inch portion of the sheet rock wall behind the sink in the janitor's closet located in the kitchen was deteriorated and</p>	A43	<p><b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p><b>1. The west patio access door to the building shall close and latch freely and the mechanism shall be adjusted as needed. 2. The door needs to close and latch freely to maintain safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the door operation and adjusting the mechanism as needed. Date of Completion is 04/12/09</b></p> <p><b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p><b>1. The cover plate over the emergency gas shut off valve control box shall be replaced and the grease cleaned from the box and valve. 2. Keeping this area free of grease and covering valves reduces the chance of a fire hazard for the residents. 3. The Executive Director shall maintain compliance by checking the building and assuring all areas are free of debris and grease and covers are on all valves as needed. Date of Completion is 04/12/09</b></p> <p><b>7NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b></p> <p><b>1. Grease, debris and trash on the floor behind the gas fired grill and steam tables has been cleaned. 2. Keeping this area free of grease and debris reduces the chance of a fire hazard for the residents. 3. The Executive Director shall maintain</b></p>	
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A43	Continued From page 5  wet. a. When asked, the Director stated: "I will have that sheetrock repaired." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  Based on observation and staff interview, the facility's practice failed to provide documentation to ensure the testing of the exit lights was being conducted on a monthly basis, and failed to maintain exit lighting in the event of an emergency. The deficient practice had the potential to affect all residents, staff, and visitors in the facility. The licensed capacity of the facility is 80 residents the census was 71 residents. Findings are:  On March 4, 2009, during records review of the facility with the Director, the Life Safety Code Surveyor observed the following:  1. At 8:00 am, the Director failed to provide documentation that the 12 exit signs located in the facility were being tested on a monthly basis. a. When asked, the Maintenance Director stated: "I had no idea the exit signs had to be tested or what was done in the past." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  Based on observation and staff interview, the facility's practice failed to ensure all fire protection systems including smoke barriers and doors in smoke barriers are self-closing or automatic closing in accordance with the requirements, maintained in safe and functioning condition including regular inspections of these systems. This deficient practice potentially affects all	A43	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. Missing and crumbling tile in the kitchen shall be replaced. 2. Replacing tile helps to maintain safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the building and repair or replace any floor tiles as needed. Date of Completion is 04/12/09  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. The sheet rock that has deteriorated in the Janitors closet located in the kitchen shall be replaced. 2. Replacing the deteriorated sheet rock helps to maintain safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the building and repair or replace any sheet rock as needed. Date of Completion is 04/12/09  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> 1. The 12 exit signs throughout the building are checked each month at the time of a fire drill and documentation shall be added to the fire drill form. 2. Maintaining the exit signs increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that documentation is completed when the exit signs are checked on a monthly and as needed basis. Date of Completion is 04/12/09	

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A43	Continued From page 6  residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 71. The findings are:  On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:  1. At 9:34 pm, the back exterior door to the Kitchen, equipped with a self-closing device, was being held open. The closing device was disconnected at the hinge. a. When asked, the Director stated: "The staff use this door a lot." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  2. At 9:43 am, the set of hollow core double doors into the kitchen serving line were held open with door stops at the lower portion of the doors and were missing the self closing devices. a. The doors located at the corridor into the kitchen serving line were hollow core. Across the corridor was a wood burning fire place in the lounge b. The second set of double doors from the same corridor leading into the large dining room were hollow core. c. When asked, the Director stated: "I will get those doors changed out as soon as possible." d. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A43	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> <b>1. The self-closing device on the back exterior door to the kitchen as been reconnected and the door now closes automatically. 2. Reconnecting the self-closing device increases safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the building and assuring that doors are not propped open and self-closing devices are connected and functioning properly. Date of Completion is 04/12/09</b>  <b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b> <b>1. All hollow core doors cited shall be replaced with 1 hour fire rated doors and self-closing mechanisms shall be installed. 2. 1 hour fire rated doors and self-closing doors increase the safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the building and assuring that doors are not propped open and self-closing devices are connected and functioning properly. Date of Completion is 04/12/09</b>	
A44	<b>7 NMAC 8.2.44 Hazardous Areas</b>  <b>7.8.2.44 HAZARDOUS AREAS:</b> 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	A44		

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A44	<p>Continued From page 7</p> <p>sleeping room shall be protected by either;</p> <p>(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;</p> <p>(2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection.</p> <p>(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.</p> <p>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. 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: Surveyor: 21963</p> <p>Based on observation and staff interview, the facility failed to maintain a hazardous area, as defined per NFPA 101 (Life Safety Code). The deficient practice had the potential to affect all staff, and visitors in the facility. The licensed capacity of the facility is 80 residents the census was 71 residents. The findings are:</p> <p>On March 4, 2009, during a tour of the facility with</p>	A44		

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A44	Continued From page 8  the Director, the Life Safety Code Surveyor observed the following:  1. At 8:59 am, the door to the 1st floor laundry room adjacent to the small dining room did not meet the 1-hour fire rating construction for hazardous area requirement and was missing the self closing device. a. The laundry room, which contained 2 gas fired dryers is considered a hazardous area as defined by NFPA 101 (Life Safety Code). b. When asked, the Director stated, "I did not know a closing device was needed." c. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  2. At 9:57 am, the door to the employees laundry room did not meet the 1-hour fire rating construction hazardous area requirement and was missing the self closing device. a. The laundry room, which contained 2 gas fired dryers is considered a hazardous area as defined by NFPA 101 (Life Safety Code). b. When asked, the Director stated: "I will get those doors changed out as soon as possible." c. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  3. At 10:02 am, the 1-hour rated door to the southwest entrance of the kitchen failed to close and latch on it own when tested. a. When asked, the Director stated: "I will get those doors checked out as soon as possible." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  4. At 1:39 pm, the 3rd floor mens restroom had 22 bottles of stored oxygen bottles.	A44	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b>  <b>1. All hollow core doors cited shall be replaced with 1 hour fire rated doors and self-closing mechanisms shall be installed. 2. 1 hour fire rated doors and self-closing doors increase the safety in the building for the residents. 3. The Executive Director shall maintain compliance by checking the building and assuring that doors are not propped open and self-closing devices are connected and functioning properly. Date of Completion is 04/12/09</b>	

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A44	Continued From page 9  a. This room was over 100 sq. ft. and did not meet the minimum 1-hr fire rated construction requirements for an oxygen storage room. b. When asked, the Director stated: "the owner of the bottles passed away and I have called the oxygen company for them, but they have not come." c. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A44	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b>  1. All oxygen has been removed from the mens bathroom. 2. Oxygen needs to be kept according to regulation to protect the safety of the residents. 3. The Executive Director shall maintain compliance by assuring that oxygen is returned to the oxygen company promptly and not stored inappropriately. Date of Completion is 03/06/09	
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. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms.	A45		

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A45	<p>Continued From page 10</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. [ 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: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to ensure that the ventilation equipment be furnished, installed and maintained to meet all requirements including regular inspections of these systems. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 71. The findings are:</p> <p>On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:</p> <p>1. At 8:48 am, the exhaust fan to the 1st floor</p>	A45		

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A45	Continued From page 11  Laundry room adjacent to the small dining room did not work when tested. a. When asked, the Director stated, "I don't know what is wrong here." b. The Director acknowledged the finding during the exit conference at 2:15pm.  2. At 8:55 am, the Beauty shop located on the 1st floor did not have an exhaust fan or means to vent the room. a. When asked, the Director stated, "I did not know there wasn't a vent in here." b. The Director acknowledged the finding during the exit conference at 2:15pm.  3. At 9:23 am, the exhaust fan to the 1st floor Mens restroom did not work when tested. a. When asked, the Director stated, "I don't know what is wrong here." b. The Director acknowledged the finding during the exit conference at 2:15pm.  4. At 9:50 am, the steam table located in the Kitchen had an exhaust fan venting into the employees laundry room. a. When asked, the Director stated, "I will have that exhaust fan removed." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A45	<b>7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING</b> <b>1. The laundry room adjacent to the small dining room, the beauty shop and the 1<sup>st</sup> floor mens bathroom shall have exhaust fans repaired, replaced or installed to assure proper venting of each room. 2. These areas are to be vented to decrease odors and to promote safety of the residents. 3. The Executive Director shall maintain compliance by checking that no odors are detected and that the exhaust fans are functioning properly. Date of Completion is 04/12/09</b>  <b>7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING</b> <b>1. The exhaust fan located in the kitchen venting into the employees laundry room shall be removed. 2. There is another exhaust fan for that area to maintain safety for the residents. 3. The Executive Director shall maintain compliance by checking that exhaust fans are functioning properly. Date of Completion is 04/12/09</b>	
A48	<b>7 NMAC 8.2.48 Lighting &amp; Lighting Fixtures</b>  <b>7.8.2.48 LIGHTING AND LIGHTING FIXTURES:</b> 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			

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A48	<p>Continued From page 12</p> <p>used at night by residents and staff must be illuminated by night lights or other continuous lighting.</p> <p>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.</p> <p>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.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21963</p> <p>Reference NFPA 101, 1997 Edition Section 5-9.3 requires that the emergency lighting system be tested every 30 days for at least 30 seconds and annually for at least 90 minutes. It also requires that written records of inspections and tests be maintained for inspection by the authority having jurisdiction.</p> <p>Based on observation, record review and staff interview, the facility failed to ensure monthly and annual testing of the emergency lighting system. Periodic testing of the emergency light system is essential to ensure exit passageways are</p>	A48		

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A48	Continued From page 13  illuminated in the event of disruption of normal power. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 71. The findings are:  On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:  1. At 8:00 am, review of the facility maintenance records with the Director revealed no record of monthly and annual testing of the emergency lighting system. a. At this time, when the Facility Manager was asked if the emergency lighting was being tested the response was, "I don't think the system is being tested, I haven't see records of any testing." b. The Director acknowledged the finding during the exit conference at 2:15pm.	A48	<b>7 NMAC 8.2.48 LIGHTING AND LIGHTING FIXTURES</b> <b>1. The emergency lighting system throughout the building is checked each month at the time of a fire drill and documentation shall be added to the fire drill form. 2. Maintaining the emergency lighting system increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that documentation is completed when the emergency lighting system is checked on a monthly and as needed basis. Date of Completion is 04/12/09</b>	
A49	<b>7 NMAC 8.2.49 Elements of Facility Electrical System</b>  <b>7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM:</b> A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. 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. C. Electrical cords and appliances must be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear.	A49		

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A49	Continued From page 14  (2) Extension cords are prohibited. 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] K  This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation, testing 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. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 71. The findings are:  On March 4, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:  1. At 8:29 am, the 1st floor Janitor's Closet located in the main corridor did not have a GFIC (Ground Fault Interrupt Circuit) type outlet next to the sink. a. When asked, the Director stated, "I will get those outlets installed." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A49	<b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b>  <b>1. The 1<sup>st</sup> floor Janitors Closet shall have a GFIC outlet installed next to the sink.</b> <b>2. Having GFIC outlets installed next to any water source increases the safety of the building for the residents.</b> <b>3. The Executive Director shall maintain compliance by assuring that GFIC outlets are installed where needed.</b> <b>Date of Completion is 04/12/09</b>	

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A49	Continued From page 15  2. At 8:37 am, large volumes of unsecured electrical conduit with live wires, low voltage wiring and data cables were running across the ceiling in the main corridor of the 1st floor corridor ceilings. The cables were not properly gathered or attached with mounting hardware as required. a. When asked, the Director stated, "Will I have to get those mounted to the walls?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  3. At 8:39 am, the east entrance door exit sign on the first floor had a piece of 1/2 inch conduit containing the power source for the exit sign that was not properly attached to the exit sign. Leaving a section of live wires exposed to contact. a. When asked, the Director stated, "I will get that conduit correctly attached correctly." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  4. At 8:43 am, the emergency light located next to the 1st floor reception desk was powered by and extension cord leading through the ceiling tiles and into a 4 inch junction, without the proper fitting connections and not protecting the power supply. a. When asked, the Director stated, "I will get that cord attached correctly." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  5. At 9:45 am, the 1/2 inch flat conduit located on the ceiling of the small dining area, that is providing power to a ceiling fan and light fixture was missing a portion of the conduit fittings, leaving exposed wires. a. When asked, the Director stated, "I will	A49	<b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b> 1. All conduit, wires and cables shall be properly gathered and attached as required. 2. Bundling all wires, cables and conduit increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that wires, conduit and cables are attached as required. Date of Completion is 04/12/09  <b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b> 1. All exposed electrical wires as cited shall be enclosed in conduit and attached correctly. 2. Enclosing exposed electrical wires in conduit increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that exposed electrical wires throughout the building are enclosed in conduit and correctly attached. Date of Completion is 04/12/09  <b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b> 1. The emergency light located next to the 1 <sup>st</sup> floor reception desk shall be either removed or electrically attached as per regulation without the use of extension cords. 2. Attaching emergency lighting units as per regulation without the use of extension cords increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that all emergency lights are electrically attached as per regulation without use of any extension cords. Date of Completion is 04/12/09	

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A49	Continued From page 16 get the parts needed for the repairs." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  6. At 9:51 am, the Janitor's Closet located in the Kitchen did not have a GFIC (Ground Fault Interrupt Circuit) type outlet next to the sink. a. When asked, the Director stated, "I will get those outlets installed." b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  7. At 1:00 pm, large volumes of unsecured electrical conduit with live wires, low voltage wiring and data cables were running above the ceiling in the main corridor of the 2nd floor corridor ceilings. The cables were not properly gathered or attached with mounting hardware as required. a. When asked, the Director stated, "Will I have to get those mounted to the walls?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  8. At 1:47 pm, large volumes of unsecured electrical conduit with live wires, low voltage wiring and data cables were running across the ceiling in the main corridor of the 3rd floor corridor ceilings. The cables were not properly gathered or attached with mounting hardware as required. a. When asked, the Director stated, "Will I have to get those mounted to the walls?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A49	<b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b> 1. The 1 <sup>st</sup> floor Janitors Closet in the Kitchen shall have a GFIC outlet installed next to the sink. 2. Having GFIC outlets installed next to any water source increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that GFIC outlets are installed where needed. Date of Completion is 04/12/09  <b>7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM</b> 1. All conduit, wires and cables shall be properly gathered and attached as required. 2. Bundling all wires, cables and conduit increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that wires, conduit and cables are attached as required. Date of Completion is 04/12/09	
A61	7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System  7.8.2.61 AUTOMATIC FIRE PROTECTION	A61		

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A61	<p>Continued From page 17</p> <p>(SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21963 NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.</p> <p>NFPA 25, 1-4.4 The owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor.</p> <p>NFPA 25, Table 2-1 lists periodic testing and inspections required for automatic sprinkler systems. These include monthly inspection of gauges and valves on wet systems.</p> <p>NFPA 25, Sect. 1-8 states that records of</p>	A61		

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NAME OF PROVIDER OR SUPPLIER  <b>CAMINO RETIREMENT APARTMENTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12101 LOMAS NE ALBUQUERQUE, NM 87112</b>		
(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	
A61	Continued From page 18  inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and preaction valves.  NFPA 25, Sect.1-8.1 states that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.  NFPA 25, Sect.1-8.2 states that records shall be maintained by the owner. Original records shall be retained for the life of the system. Subsequent records shall be retained for a period of one year after the next inspection, test, or maintenance required by the standard.  NFPA 25, Sect. 2-2.1.1 states that sprinklers shall be inspected from the floor level annually. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.  NFPA 25, Sect. 2-2.1.2 states that unacceptable obstructions to spray patterns shall be corrected.  NFPA 13, Section 1-5.1 Maintenance: A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition.  Based on observation and staff interview, the	A61			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5882</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - CAMINO RETIREMENT AP</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMINO RETIREMENT APARTMENTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12101 LOMAS NE ALBUQUERQUE, NM 87112</b>	
(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
A61	Continued From page 19  facility failed to ensure the sprinkler system was maintained and inspected in accordance with NFPA 25, (Standard for the Maintenance of Water-Based Fire Protection Systems) and NFPA 13, (Standard for the Installation of Sprinkler Systems). This deficient practice had the potential to affect all residents, staff and visitors of the facility. The licensed capacity of the facility was 80. The census during the survey was 71. The findings are:  1. At 8:40 am, the office of the Director and an adjacent dining area were missing sprinkler heads. a. When asked, the Director stated, "When the office was built they must have forgot to install the sprinklers." The Director then asked "Do we need to get the sprinklers installed in the dining area also?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  2. At 9:12 am, the 40 sprinkler heads on the 1st floor corridors and offices were covered with paint and lint residue. a. When asked, the Director stated, "Will the sprinkler system contractor have to clean or replace the sprinkler heads?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.  3. At 10:00 am, the sprinkler head located above the entrance to the walk-in cooler in the kitchen was the wrong type and temperature. a. When asked, the Director stated, "I had all of these sprinkler heads replaced, I don't know why they missed this one?" b. The Director acknowledged the finding during the exit conference on 3/4/09 at 2:15 pm.	A61	<b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION</b> 1. Sprinkler heads shall be installed in the Executive Directors office and in the small dining room as per regulation. 2. Having sprinkler heads installed at regulated distances increase the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that sprinkler heads meet regulation. Date of Completion is 04/12/09  <b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION</b> 1. All 40 sprinkler heads shall be checked for dirt, lint or paint and cleaned or replaced as needed. 2. Having clean sprinkler heads increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that sprinkler heads throughout the building are clean. Date of Completion is 04/12/09  <b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION</b> 1. The sprinkler head located in the entrance to the walk-in cooler shall be replaced with the correct type and temperature. 2. Having the correct sprinkler head increases the safety of the building for the residents. 3. The Executive Director shall maintain compliance by assuring that the sprinkler heads throughout the building are the correct type and temperature. Date of Completion is 04/12/09	