

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - KINGSTON RESIDENCE C B. WING _____	(X3) DATE SURVEY COMPLETED  04/24/2009
NAME OF PROVIDER OR SUPPLIER  KINGSTON RESIDENCE OF SANTA FE		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87505		
(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  Surveyor: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 04/24/09 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
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 corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [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]	A60	Enclosed is the plan of correction for the Life Safety Code survey completed at Kingston Residence of Santa Fe on 4/24/2009. Please consider this the Agency's credible allegation of compliance. However, submission of this response and the plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered, and is also not to be construed as an admission of interest against the facility, the Executive Director or any employees, agent, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the Agency of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency. Rather, this plan of correction has been prepared because the law requires the facility to prepare a plan of correction for the citations regardless of whether we agree with them.	

*Stamped 5/15/09*



Division of Health Improvement

*Sobbi Yaujan*

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

TITLE

*Executive Director 05-13-09*

(X6) DATE

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A60	Continued From page 1  This REQUIREMENT is not met as evidenced by: Surveyor: 21700 NFPA 72, 1999 Edition: 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.  Based on observation and record review, the facility's practice failed to ensure that the fire alarm system and its components are inspected in accordance with NFPA 72 (National Fire Alarm Code) potentially affecting staff and residents throughout the facility. The licensed capacity of the facility is 105, and the census during the time of survey was 88. The findings are:  1. On 04/24/09 at 1:15 pm, evidence indicating the fire alarm system is inspected at least annually was not available for review. a. The last fire alarm inspection report available for review was dated 1/28/08. b. During interview at this time, the Director of Maintenance stated the fire alarm system is currently scheduled for an inspection.	A60	<b>A60</b>  1. THE FIRE ALARM INSPECTION HAS TAKEN PLACE AND PASSED THE INSPECTION (SEE ATTACHED THE FIRE INSPECTION REPORT). THE DIRECTOR OF MAINTENANCE WILL SCHEDULE THE INSPECTION ANNUALLY AND WILL MONITOR ON AN ONGOING BASIS.	05/08/09

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A62	Continued From page 2	A62		
A62	<p>7 NMAC 8.2.62 Fire Extinguishers</p> <p><b>7.8.2.62 FIRE EXTINGUISHERS:</b>  A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection.  B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction.  [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00]  This REQUIREMENT is not met as evidenced by:  Surveyor: 21700</p> <p>Reference Tag B. FIRE EXTINGUISHERS:  Reference NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition:  4-3 Inspection.</p> <p>4-3.1* Frequency.  Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>4-3.2* Procedures.  Periodic inspection of fire extinguishers shall include a check of at least the following items:  (a) Location in designated place</p>	A62	<p><b>A62</b></p> <ol style="list-style-type: none"> <li>1. A.B.</li> <li>2. A.B.</li> <li>3. A.B.</li> <li>4. A.B.</li> </ol> <p>FIRE EXTINGUISHERS K-CLASS &amp; ABC IN PINON KITCHEN AND ABC SERVICE HALL AND MEMORY CARE KITCHEN WERE INSPECTED AND APPROPRIATELY DOCUMENTED. THE DIRECTOR OF MAINTENANCE INVENTORIED ALL FIRE EXTINGUISHERS WITHIN THE PROPERTY AND DEVELOPED A LOCATION LOG WHEREBY THE DIRECTOR OF MAINTENANCE WILL ENSURE THAT NO FIRE EXTINGUISHER IS MISSED ON FUTURE MONTHLY INSPECTIONS. THE DIRECTOR OF MAINTENANCE WILL MONITOR ON AN ONGOING BASIS AND THE EXECUTIVE DIRECTOR WILL MONITOR RANDOMLY ON FACILITY ROUNDS.</p>	04/24/09

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A62	<p>Continued From page 3</p> <p>(b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) * Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or " hefting "</p> <p>(f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place</p> <p>Based on observation, the facility's practice failed to ensure that all portable fire extinguishers are inspected monthly, documented and maintained in accordance with NFPA 10, (Standard for Portable Fire Extinguishers). This deficient practice had the potential to affect all staff and residents of the facility. The licensed capacity of the facility is 105, the census during the survey was 88. The findings are:</p> <p>1. On 4/24/09, during a tour of the facility with the Director of Maintenance, the surveyor observed that the portable K-class fire extinguisher located within the pinon kitchen was not inspected at least every month (not to exceed 30-days) by staff.</p> <p>a. The "K" class fire extinguisher was last signed and inspected by staff in December of 2008.</p> <p>b. The Administrator and the Director of Maintenance acknowledged this finding at the exit conference on 4/24/09.</p>	A62		

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A62	<p>Continued From page 4</p> <p>2. On 4/24/09, during a tour of the facility with the Director of Maintenance, the surveyor observed that the ABC fire extinguisher located within the pinon kitchen was not inspected at least every month (not to exceed 30-days) by staff.</p> <p>a. The fire extinguisher was last signed and inspected by staff on 1/31/09.</p> <p>b. The Administrator and the Director of Maintenance acknowledged this finding at the exit conference on 4/24/09.</p> <p>3. On 4/24/09 during a tour of the facility with the Director of Maintenance, the surveyor observed that the fire extinguisher located at the service hall was not inspected at least every month (not to exceed 30-days) by staff.</p> <p>a. The fire extinguisher was last signed and inspected by staff on 2/26/09.</p> <p>b. The Administrator and the Director of Maintenance acknowledged this finding at the exit conference on 4/24/09.</p> <p>4. On 4/24/09 during a tour of the facility with the Director of Maintenance, the surveyor observed that the ABC fire extinguisher located within the memory care kitchen was not inspected at least every month (not to exceed 30-days) by staff.</p> <p>a. The fire extinguisher was signed and inspected by staff on 10/29/08. This fire extinguisher was not inspected again by staff until 3/26/09.</p> <p>b. The Administrator and the Director of Maintenance acknowledged this finding at the exit conference on 4/24/09.</p>	A62		