

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 APART</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2010</b>
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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>
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A 01 OPENING REMARKS

A 01

Surveyor: 21700  
The following deficiencies are cited as a result of an annual survey conducted on 2/24/10 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.

A48 7 NMAC 8.2.48 Lighting & Lighting Fixtures

A48

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]

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03-19-10*



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

TITLE

(X6) DATE

*Robert Roth*

**3-15-10**

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A48	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21700 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 and testing, the facility's practice failed to ensure emergency lighting is operational throughout the facility to illuminate all means of egress in the event of disruption of electrical service. This deficient practice has the potential to affect all staff and residents throughout the facility. The facility is licensed for 80 residents, and the census during the time of survey was 67. The findings are:</p> <p>On 2/24/10, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 1:50 pm, the emergency light fixture located at the first floor care station failed to illuminate when tested.             <ol style="list-style-type: none"> <li>a. At this time, the Administrator acknowledged the finding and agreed to address the concern.</li> </ol> </li> <li>2. At 3:20 pm, the emergency light fixture located at the north stairwell failed to illuminate when tested.             <ol style="list-style-type: none"> <li>a. At this time, the Administrator acknowledged the finding and agreed to address the concern.</li> </ol> </li> </ol>	A48	<p><b>7 NMAC 8.2.48 LIGHTING AND LIGHTING FIXTURES</b></p> <p><b>1. All emergency lighting fixtures have had the bulbs replaced and are fully operational and fully lighted to promote safety for residents, staff and visitors. 2. The maintenance director shall maintain compliance by checking throughout the facility at the time of monthly fire drills to assure that every emergency lighting fixture is fully operational and functioning properly. Date of Completion is 03/15/10.</b></p>

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A51	<p>7 NMAC 8.2.51 Exits</p> <p>7.8.2.51 EXITS:</p> <p>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.</p> <p>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.</p> <p>C. Exits must be clear of obstructions at all times.</p> <p>D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking.</p> <p>E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care 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: Surveyor: 21700 Based on observation and testing, the facility failed to ensure exit and directional signs are displayed in accordance with NFPA 101, Section 5-10 with continuous illumination. This deficient practice potentially affects all residents and staff throughout the facility. The facility is licensed for 80 residents, and the census during the time of survey was 67 residents. The findings are:</p> <p>On 2/24/10, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following:</p>	A51	

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A51	Continued From page 3  1. At 2:00 pm, the exit sign at the front lobby door did not illuminate in both the normal and emergency lighting mode. a. When tested, this exit sign did not illuminate in the emergency lighting mode. b. The exit sign would not have provided visible and clear direction of egress in the event of an emergency. c. The Administrator acknowledged the finding at the exit conference on 2/24/10.  2. At 2:20 pm, the exit sign at the first floor care station did not illuminate in both the normal and emergency lighting mode. a. When tested, this exit sign did not illuminate in the emergency lighting mode. b. The exit sign would not have provided visible and clear direction of egress in the event of an emergency. c. The Administrator acknowledged the finding at the exit conference on 2/24/10.  3. At 2:30 pm, the exit sign at the second floor care station did not illuminate in both the normal and emergency lighting mode. a. When tested, this exit sign did not illuminate in the emergency lighting mode. b. The exit sign would not have provided visible and clear direction of egress in the event of an emergency. c. The Administrator acknowledged the finding at the exit conference on 2/24/10.  4. At 2:40 pm, the exit sign at the third floor common area did not illuminate in both the normal and emergency lighting mode. a. When tested, this exit sign did not illuminate in the emergency lighting mode. b. The exit sign would not have provided	A51	<b>7 NMAC 8.2.51 EXITS</b> <b>1. All emergency exit signs have had the bulbs replaced and are fully operational and fully lighted to promote safety for residents, staff and visitors. 2. The maintenance director shall maintain compliance by checking throughout the facility at the time of monthly fire drills to assure that every exit sign is fully illuminated and functioning properly. Date of Completion is 03/15/10.</b>	
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A51	Continued From page 4  visible and clear direction of egress in the event of an emergency. c. The Administrator acknowledged the finding at the exit conference on 2/24/10.	A51	
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]  This REQUIREMENT is not met as evidenced by:	A60	

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A60	<p>Continued From page 5</p> <p>Surveyor: 21700</p> <p>Based on observation and staff interview, the facility's practice failed to ensure that approved smoke detectors are installed in areas of assembly to include dining rooms, and the detectors are powered by the house electrical service and have battery back up. This deficient practice affects all residents and staff throughout the facility. The facility is licensed for 80 residents, and the census during the time of survey was 67 residents. The findings are:</p> <p>On 2/24/10, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 2:15 pm, the small dining room at the first floor was not equipped with smoke detection that was powered by the house electrical system.             <ol style="list-style-type: none"> <li>a. At this time, the Administrator explained that dining rooms are equipped with battery operated smoke detectors. It was also stated, "The smoke detectors in the dining rooms are only battery operated."</li> <li>b. The Administrator acknowledged this finding at the exit conference on 02/24/10.</li> </ol> </li> <li>2. At 2:25 pm, the large dining room at the first floor was not equipped with smoke detection that was powered by the house electrical system.             <ol style="list-style-type: none"> <li>a. At this time, the Administrator explained that dining rooms are equipped with battery operated smoke detectors. It was also stated, "The smoke detectors in the dining rooms are only battery operated."</li> <li>b. The Administrator acknowledged this finding at the exit conference on 02/24/10.</li> </ol> </li> <li>3. At 2:55 pm, the second floor dining room</li> </ol>	A60	<p><b>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT</b></p> <p><b>1. The smoke detectors in all three dining rooms shall be powered by the electrical system and have battery back up. 2. The maintenance director shall maintain compliance by checking the functioning of these smoke detectors monthly during the fire drills and note this on the fire drill records. Date of Completion is 03/20/10.</b></p>

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A60	<p>Continued From page 6</p> <p>was not equipped with smoke detection that was powered by the house electrical system.</p> <p>a. During interview with the Administrator, it was explained that dining rooms are equipped with battery operated smoke detectors. It was also stated, "The smoke detectors in the dining rooms are only battery operated."</p> <p>b. The Administrator acknowledged this finding at the exit conference on 02/24/10.</p> <p>Based on observation, the facility's practice failed to ensure that the fire alarm system and its components are maintained, and fire alarm strobes are operational in accordance with NFPA 72 (National Fire Alarm Code). This deficient practice affects all residents and staff throughout the facility. The facility is licensed for 80 residents, and the census during the time of survey was 67 residents. The findings are:</p> <p>On 2/24/10 at 3:30 pm, a fire drill was conducted at the facility and the Life Safety Code Surveyor observed the following.</p> <p>4. At this time, the second floor care station had three (3) fire alarm strobe lights that were non operational.</p> <p>b. The Administrator acknowledged this finding at the exit conference on 02/24/10.</p> <p>5. At this time, the third floor elevator common area had one (1) fire alarm strobe light that was non operational.</p> <p>b. The Administrator acknowledged this finding at the exit conference on 02/24/10.</p>	A60	<p><b>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT</b></p> <p>1. The fire alarm strobe lights at the second floor care station, and the third floor elevator common area have been replaced and are now fully operational. 2. The maintenance director shall maintain compliance by checking the functioning of all fire alarm strobe lights monthly during the fire drills and note this on the fire drill records. Date of Completion is 03/15/10.</p>	
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