

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>03/26/2008</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>		
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A 01	<b>OPENING REMARKS</b>  Surveyor: 25921 The following deficiencies were cited as a result of an annual life safety code survey conducted on March 26, 2008, 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 AND 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: 25921 Based on observation and staff interview, the facility's practice failed to ensure that the electrical system and its components are maintained in accordance with NFPA 70 (National Electric Code), affecting patients and staff	A43 <i>ES</i> <i>Scanned</i>		

Division of Health Improvement

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

*[Signature]*  
TITLE

(X6) DATE

*4-18-08*

STATE FORM

6899

7SPX21

If continuation sheet 1 of 5

APR 21 2008

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A43	Continued From page 1  throughout the facility. The licensed capacity of the facility is 48, the census during the survey was 44 The findings are:  On March 26, 2008, between 8:00 am and 1:00 pm during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following  1. Within the third floor Boiler Room, there was an electrical outlet within two(2) feet. of the water supply that was not GFIC (Ground Fault Interrupt Circuit) protected.  2. Within the Main Laundry Room, there were three (3) electrical outlets within two(2) feet. of the water supply that were not GFIC(Ground Fault Interrupt Circuit) protected.  3. Within the second floor Dining Room, at the coffee making system and the steam table were two (2) electrical outlets that were not GFIC( Ground Fault Interrupt Circuit) protected.  4. Within the Boiler room on the second floor, there were two electrical outlets that were not GFIC( Ground Fault Interrupt Circuit) protected.  5. Within the Beauty Shop next to both sinks, there were three (3) electrical outlets that were not GFIC( Ground Fault Interrupt Circuit) protected.  3. The Executive Director Stated that the outlets would be changed.	A43	<b>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</b>  1. The facility is now in compliance with NFPA 70 (National Electric Code). All outlets outlined in the state deficiencies have been replaced with GFIC outlets. This includes 3 <sup>rd</sup> floor Boiler Room, Main Laundry Room, 2 <sup>nd</sup> floor dining room, 2 <sup>nd</sup> floor Boiler Room and Beauty Shop. 2. This could have affected resident and staff safety and well being if they had touched water and then the non GFIC outlets. 3. The Executive Director shall maintain compliance by checking throughout the facility that all outlets near a water source are GFIC. Date of Completion is 04/09/08	



4-18-08

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A60	Continued From page 2	A60		
A60	<p>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP</p> <p>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:</p> <p>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.</p> <p>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.</p> <p>(1) Detectors shall be powered by the house electrical service and have battery back up.</p> <p>(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.</p> <p>(3) Smoke detectors must be installed in 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] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation, and staff interview, the facility's practice failed to ensure that the fire alarm system and its components (including smoke alarms) are tested and maintained in accordance with NFPA 72 (National Fire Alarm</p>	A60		



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A60	Continued From page 3  Code), affecting patients and staff throughout the facility. The licensed capacity of the facility is 48, the census during the survey was 44. The findings are:  On March 26, 2008, between 8:00 am and 1:00 pm, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following:  1. Thorough out the facility, the smoke detector locations exceeds the thirty feet of minimum spacing.  2. Thorough out the facility, the smoke detection system is not hard wired to the alarm system, most smoke detectors were on battery operation only.  3. Within the Kitchen there is no evidence of a heat detector.  4. At the smoke door on all floors 1, 2, and 3, a smoke detector was not located within five feet of either side of the door.  5. The Executive Director stated a new detection system would be installed.	A60	<b>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT</b> <b>1. All smoke detectors have been hard wired into the fire alarm system and placed within 30ft of each other. Smoke detectors have also been installed within 5 feet of the smoke doors on floors 1, 2, and 3. The smoke detectors are in all sleeping units and common areas. A heat sensor has been installed in the kitchen. Checking for blinking lights on all smoke detectors shall be completed monthly after the fire drill by the Executive Director and his designee. 2. For resident and staff safety all smoke detectors must be hard wired into the fire alarm system and a heat sensor placed in the kitchen. 3. The Executive Director and his designee shall maintain compliance monthly and as needed by checking the operation of all smoke detectors after the monthly fire drill. 4. Date of Completion is 04/11/08.</b>	
A61	<b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM</b>  7.8.2.61 AUTOMATIC FIRE PROTECTION (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]	A61		

*B. Patten* 4-15-08

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A61	Continued From page 4  This REQUIREMENT is not met as evidenced by: Surveyor: 25921  Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler system is inspected and maintained in good operating condition, affecting residents and staff throughout the facility. The licensed capacity of the facility is 48, the census during the time of survey was 44. The findings are:  On March 26, 2008, between 8:00 am and 1:00 pm during a tour of the facility with the Executive Director, the Life Safety Code Surveyors observed the following.  1. Within the Kitchen, there were six (5) sprinkler heads were covered with lint and grease build up.  2. Within the Beauty Shop on the first floor, the sprinkler heads were covered with dirt and lint build up.  3. The Executive Director acknowledged the finding .	A61	<b>7NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM</b> <b>1. 35 sprinkler heads have been replaced in the 1<sup>st</sup> floor dining room, the kitchen and the Beauty Shop. 2. It is important for the safety of the residents and staff that the sprinkler heads are functional and free of lint and dirt. 3. The Executive Director and his designee shall check all the sprinkler heads in the building after each monthly fire drill. 4. Date of Completion 04/11/08</b>	

*G. P. [Signature]*

4-18-08