

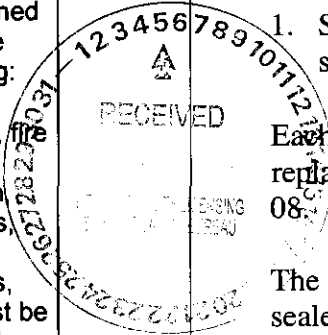
Division of Health Improvement


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5788	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - VILLAGE AT NORTHRISE- B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2008
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NAME OF PROVIDER OR SUPPLIER VILLAGE AT NORTHRISE-MORNINGSIDE (THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2880 N ROADRUNNER PARKWAY LAS CRUCES, NM 88011
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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	<p>OPENING REMARKS</p> <p>Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on December 9, 2008 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.</p>	A 01	<p>The filing of this Plan of Correction (POC) is made pursuant to both state and federal requirements and does not constitute an admission to the allegations cited herein.</p> <p>The submission of the POC serves as credible allegation of compliance effective 12-24-2008.</p>	
A43	<p>7 NMAC 8.2.43 Maintenance of Building & Grounds</p> <p>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:</p> <p>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).</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:</p> <p>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). This deficient practice potentially</p>	A43	<p>A43</p> <ol style="list-style-type: none"> Steps taken to correct the situation <p>Each of the cited outlets was replaced with a GFIC on 12-9-08.</p> <p>The identified penetrations were sealed as of 12-24-08.</p> <ol style="list-style-type: none"> Steps taken to correct the situation elsewhere <p>All outlets were inspected and replaced as necessary with GFICs by 12-24-08.</p> <p>This was the only situation where the recessed lights have been replaced with a four foot fluorescent fixture.</p>	

Stamped 1-6-09



Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  STATE FORM	TITLE ADMINISTRATOR	(X6) DATE 12-2009
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Division of Health Improvement

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NAME OF PROVIDER OR SUPPLIER VILLAGE AT NORTHRISE-MORNINGSIDE (THE		STREET ADDRESS, CITY, STATE, ZIP CODE 2880 N ROADRUNNER PARKWAY LAS CRUCES, NM 88011		
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A43	<p>Continued From page 1</p> <p>affects all residents and staff throughout the facility. The licensed capacity of the facility is 100, the census during the survey was 70. The findings are:</p> <p>On December 9, 2008, between 8:00 pm and 11:30 am, During a tour of the facility with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> 1. Within the Facilities Laundry Room on the 1 and 2 floors, behind the washers and dryers, there were two(2) electrical outlets within two(2) feet of the water supply that were not GFIC (Ground Fault Interrupt Circuit) protected. 2. The Maintenance Supervisor stated that the outlets would be replaced with GFIC outlets. <p>Based on observation and staff interview, the facility's practiced failed to ensure all fire protection systems including smoke barriers and doors and shutters 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 residents and staff throughout the facility. The licensed capacity of the facility is 100, the census during the survey was 70. The findings are:</p>	A43	<p>3. Measures to prevent recurrence.</p> <p>If any plumbing fixtures are added, the Maintenance Supervisor (MS) will replace any electrical outlet within 6 feet of the fixture with a GFIC.</p> <p>If any recess style lights are replaced with four foot fluorescent fixtures, the MS will seal any resulting penetration.</p> <p>4. Monitoring Corrective Action.</p> <p>The MS will make rounds each month to verify that electrical outlets within 6 feet of a water supply are protected with a functioning GFIC.</p> <p>The MS will make rounds each month to verify that any four foot fluorescent fixtures added during the month have been adequately sealed.</p> <p>Results will be documented and will be presented to the QAA Committee for the next 90 days. The QAA Committee will direct ongoing monitoring efforts.</p>	

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A43	Continued From page 2 On December 9, 2008, between 8:00 pm and 11:30 am, During a tour of the facility with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following: 1. Within the Director of Nursing office there were two 6-inch recess style light fixtures in the ceiling with the trim removed. There was electrical wire running through the space left open by the trim. The open space would allow the passage of smoke from one smoke compartment to another. 2. The Maintenance Supervisor stated that this was a temporary solution to installing 4 foot fluorescent lighting fixtures. The Maintenance Supervisor also stated that the local Fire Inspector had sited the deficiency and that it would be corrected.	A43	Resident liaisons will interview their assigned residents using the modified Resident Liaison Rounds Worksheet. Results of these interviews will be reviewed once a week during "daily standup meetings." The Social Services Designee will compile the results and identify trends. A report will be presented to the QAA Committee for the next 90 days. The QAA Committee will direct ongoing monitoring efforts.	