

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - GRAND COURT ALBUQUE B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
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NAME OF PROVIDER OR SUPPLIER GRAND COURT ALBUQUERQUE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
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A 01	OPENING REMARKS Surveyor: 21700 The following deficiencies were cited as a result of a Life Safety Code survey conducted on 09/24/09 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A35	7 NMAC 8.2.35 Custodial Drug Permit 7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit. A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws. (1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee. (2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms. (3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator	A35 <i>EL scanned</i>	Oxygen tanks to be secured in appropriate holders in resident apartments by caregivers and O2 supplier. Wellness Director to monitor compliance Completion Date: Immediate	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: *Gene Weatherford, Executive Director* TITLE: _____ DATE: *10/2/09*

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A35	Continued From page 1 temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic	A35		

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A35	<p>Continued From page 2</p> <p>medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21700 A. PROCUREMENT, LABELING, AND STORAGE: (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99.</p> <p>Based on observation and staff interview, the facility's practice failed to ensure oxygen be stored in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association. This deficient practice had the potential to affect all residents and staff within the facility. The facility is licensed for 100, and the census during the time of survey was 59. The findings are:</p> <p>On September 24, 2009 during a tour of the facility with the Director of Maintenance, the Life Safety Code Surveyor observed the following:</p> <p>1. At 3:30 pm, the Life Safety Code Surveyor observed two (2) size "E" cylinders left in the corridor outside room #153. a. One (1) of the oxygen cylinders was left freestanding and was not secured. b. At this time, the Director of Maintenance stated he was unaware of the oxygen cylinders left in the corridor. The Director of Maintenance continued by saying, "I will have these removed</p>	A35		

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A35	Continued From page 8 immediately."	A35		
A39	<p>7.8.2.39 HOUSEKEEPING/LAUNDRY SERVICES: The adult residential care facility shall maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility must be free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish, dust.</p> <p>A. Bathrooms and all common living areas must be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags and compounds shall be stored in closed metal containers in approved areas providing adequate ventilation. Combustibles shall be stored away from the food preparation area and away from resident rooms.</p> <p>C. Poisonous or flammable substances must not be stored in residential areas, food preparation areas, or food storage areas.</p> <p>D. The facility shall make available to the residents either on the premises or by use of a commercial laundry or linen service. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(1) All linens shall be changed as needed and at least weekly.</p> <p>(2) The mattress pad, blankets, and bedspread shall be laundered as needed and at least once a month.</p> <p>(3) Bath linens consisting of face towel, bath towel and wash cloth shall be changed as needed and at least three (3) times per week.</p> <p>(4) Residents shall have clean clothing as needed to maintain dignity and be free of odors.</p>	A39	<p>Pan coating spray will be stored in metal cabinet. Dining Service Director to monitor compliance</p> <p>Completion Date: Immediate</p>	

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A39	Continued From page 4 E. Laundry services provided on the premises shall have a designated laundry area equipped with a washer and dryer. F. Under no circumstances shall collection, sorting, storage or washing of soiled clothing or linen be done in a food preparation, food storage, or food service area. G. Residents may do their own laundry if they are capable and WISH to do so, or if it is part of a training or rehabilitation program specifically documented in the resident's individual service plan. H. A separate, dry, well ventilated storage area for clean linen shall be provided. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 4-7-97; 7.8.2.39 NMAC - Rn, 7 NMAC 8.2.39, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation and staff interview, the facility's practice failed to ensure flammable substances were not stored in food storage areas. This deficient practice has the potential to affect all staff working in and around the kitchen. The licensed capacity of the facility is 100, the census during the time of survey was 59. The findings are: On September 24, 2009, during a tour of the facility with the Director of Maintenance, the Life Safety Code Surveyor observed the following: 1. At 1:55 pm, the surveyor observed twelve (12) cans of cooking spray being stored within the dry food storage area. The cooking spray being stored within the dry food storage is labeled as a flammable liquid.	A39		

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A39	Continued From page 5 a. When the Life Safety Code Surveyor asked the Dietary Manager if there was a better place to store the excess flammable spray, the Dietary Manager stated, "You tell me where to put these." The Dietary Manager continued by ordering kitchen staff, "Throw this in the trash." b. The Director of Maintenance acknowledged this finding at the exit conference on 09/24/09.	A39	Exit sign to be placed on front entrance by Simplex-Grinnell, Maintenance Director. Completion Date: 10/30/09	
A51	7 NMAC 8.2.51 Exits 7.8.2.51 EXITS: 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. 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. C. Exits must be clear of obstructions at all times. D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking. 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 Exit and directional signs are displayed in	A51		

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A51	Continued From page 6 accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 7.10.5 Illumination of Signs. 7.10.5.1* General. Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. Based on observation and staff interview, the facility's practice failed to ensure exit signs are installed to provide clear direction of travel to the nearest exit. This deficient practice potentially affects all staff, residents and visitors throughout the facility. At the time of survey the facility is licensed for 100 residents, and the census was 59. The findings are: On September 24, 2009, during a tour of the facility with Director of Maintenance, the Life Safety Code Surveyor observed the following 1. There was no exit sign visible at the front entrance. a. During interview with the Director of Maintenance, it was stated, "There is an exit sign at the second set of doors but you just can't see it." b. The Director of Maintenance acknowledged this finding at the exit conference on 09/24/09.	A51		
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip	A60		

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A60	Continued From page 7 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: Surveyor: 21700 Based on observation and interview, the facility's practice failed to ensure that approved smoke detectors were installed in areas of assembly. This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the	A60	Smoke detectors to be installed in common areas by Simplex-Grinnell, Maintenance Director. Completion Date: 10/30/09	

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A60	Continued From page 8 facility was 100, and the census was 59. The findings are: On September 24, 2009, during a tour of the facility with the Director of Maintenance, the Life Safety Code Surveyor observed the following: 1. At 3:15 pm, the common/living room was not equipped with smoke detection. a. During interview with the Director of Maintenance, it was explained that residents do use the common/living room on occasion. b. The Director of Maintenance continued by saying, "Here are two individuals sitting in the common room right now." c. The Director of Maintenance acknowledged this finding at the exit conference on 09/24/09.	A60	Fire drills will be held at different times of the day (1 per month). Maintenance Director will ensure completion. Completion Date: Ongoing	
A63	7 NMAC 8.2.63 Staff & Resident Fire & Safety Training 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being	A63		

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A63	<p>Continued From page 9</p> <p>accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.</p> <p>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department should be requested to supervise and participate in fire drills.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Reference D. Fire Drills:</p> <p>Based on record review and staff interview, the facility failed to conduct fire drills at least quarterly on every shift to assure preparedness for emergency response. Fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the</p>	A63		

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A63	Continued From page 10 census was 59 and the licensed capacity was 100. The findings are: On September 24, 2009, during a review of facility records with the Director of Maintenance, the Life Safety Code Surveyor observed the following: 1. During interview with the Director of Maintenance, it was stated that there are three (3) staff shifts per day as follows: Day shift from 7:00 am to 3:00 pm. Evening shift from 3:00 pm to 11 pm. Night shift from 11:00 pm to 7:00 am. a. There was no evidence of a fire drill for the day shift (7am-3pm) between the dates of 12/02/08 and 5/26/09. b. The Director of Maintenance acknowledged this finding at the exit conference on 9/24/09.	A63		