

Health Facility Licensing & Certification Bureau

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 12/21/2004
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
A39	<p>7 NMAC 8.2.39 HOUSEKEEPING/LAUNDRY SERVICES</p> <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 adult residential care facility shall make available laundry services 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> <p>E. Laundry services provided on the premises shall have a designated laundry area</p>	A39	<p>A 39</p> <p>The dirty exhaust vents in the bathroom and the kitchen have been cleaned. These vents as well as other vents have been included on the preventative maintenance log.</p> <p>The maintenance man will monitor and will submit a copy of the log to the Executive Director Monthly.</p>	12/23/04

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TITLE

(X6) DATE

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

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A39	Continued From page 1 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: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE FACILITY IS MAINTAINED IN A SAFE, CLEAN, AND PRESENTABLE MANNER. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE EXHAUST VENT WITHIN THE BATHROOM NEXT TO THE BUILDING "A" ACTIVITY AREA IS DIRTY. 1a. FACILITY STAFF PRESENT ACKNOWLEDGED THE FINDINGS. 2. THE EXHAUST VENT ABOVE THE DISHWASHER IN THE KITCHEN IS DIRTY. 2a. FACILITY STAFF PRESENT ACKNOWLEDGED THE FINDINGS.	A39		

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A43	<p>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND 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: Surveyor: 14514</p> <p>BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THE BUILDING AND ALL BUILDING SYSTEMS BE MAINTAINED IN SAFE AND FUNCTIONING CONDITION, INCLUDING REGULAR INSPECTIONS OF THESE SYSTEMS. THE FINDINGS ARE:</p> <p>ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY SURVEYOR OBSERVED THE FOLLOWING:</p> <p>1. WHEN TESTED, THE DOOR LEADING</p>	A43		

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A43	Continued From page 3 FROM THE MARKETING OFFICE INTO THE KITCHEN DOES NOT CLOSE AND LATCH. 2. WHEN TESTED, THE FIRE DOOR BETWEEN THE FACILITY LOBBY AND THE CORRIDOR LEADING TO BUILDING "A" DOES NOT LATCH. 3. WHEN TESTED, THE FIRE DOOR BETWEEN BUILDING "A" AND THE CORRIDOR LEADING FROM THE FACILITY LOBBY DOES NOT LATCH. 4. WHEN TESTED, THE EXIT DOOR LEADING TO THE WEST PORTAL HAS AN INOPERABLE SELF CLOSER AND THE DOOR DOES NOT CLOSE AND LATCH. 5. WHEN TESTED, THE DOOR LEADING FROM BUILDING "A" EAST WING CORRIDOR INTO THE EAST STAIRWELL DOES NOT LATCH. 6. THE CORRIDOR LIGHT LOCATED BY RESIDENT ROOM #103 HAS A BURNT BULB. 7. THE LIGHT LOCATED ON THE SECOND LEVEL OF THE EAST STAIRWELL HAS A BURNT BULB. 8. THE SECOND LEVEL LAUNDRY ROOM HAS TWO 4 FOOT FLORESCENT LIGHTS THAT HAVE BURNT FLORESCENT LIGHTTUBES. 9. THE SECOND LEVEL ELEVATOR LOBBY HAS TWO LIGHTS THAT HAVE BURNT BULBS. 10. RESIDENT ROOM #205 HAS A CEILING	A43	A43 The door between the marketing office and the kitchen has been repaired. The door closes and latches. 2. The fire double door between the lobby and the corridor leading to building "A" was attempted to be repaired but resulted in the need of specific hardware to complete the job. The hardware is currently on "red label" order. The company expects to have it installed by 02/18/2005. 3. The fire door between building "A" and the corridor leading from the facility lobby has been repaired. The door now latches. However a [redacted] hardware would appropriately fix it for the long term. 4. The exit door leading to the west portal has been repaired. The door has an operational self-closure and latches. 5. The door leading from Building "A" east wing corridor into the east stairwell has been repaired. The door now latches. 6. The burnt bulb located by resident room #103 has been replaced.	12/22/05 02/18/05 02/09/05 02/09/05 02/09/05 12/23/05

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A43	Continued From page 4 LIGHT THAT HAS A BURNT BULB. 11. THE SECOND FLOOR WEST CORRIDOR NEAR THE WEST EXIT HAS A LIGHT THAT HAS A BURNT BULB. 12. THE MANUAL FIRE ALARM PULL STATION ON THE SECOND FLOOR WEST CORRIDOR BY THE WEST EXIT IS NOT ANCHORED TO THE WALL. 13. THE SMOKE DETECTOR LOCATED NEAR THE SECOND FLOOR WEST CORRIDOR BY THE WEST EXIT IS COVERED BY AN ORANGE PLASTIC COVER WHICH MAKES THE SMOKE DETECTOR INOPERABLE IN CASE OF AN EMERGENCY. 14. THE STORAGE CLOSET LOCATED ON THE SECOND FLOOR WEST CORRIDOR BY THE WEST EXIT HAS A LIGHT SWITCH THAT DOES NOT HAVE A COVER PLATE. 15. THE PORCH LIGHT NEAR THE WEST PORTAL EXIT IS MISSING A BULB. 16. THE CLOTHS DRYER LOCATED WITHIN THE LAUNDRY ROOM IN BUILDING "A" HAS A FLEXIBLE DRYER VENT DUCT DISCONNECTED FROM THE WALL VENT HOUSING AND THE DRYER IS VENTING INTO THE LAUNDRY ROOM. 17. FACILITY STAFF PRESENT ACKNOWLEDGED THE FINDINGS. Reference NFPA 13 Section 1-5.1 Maintenance A sprinkler system installed under this standard	A43	7. The burnt bulb located in the on the second level of the east stairwell has been replaced. 8. The burnt bulbs in the laundry room have been replaced. 9. The light bulbs in the second elevator lobby have been replaced. 10. The bulb in room #205 ceiling light has been replaced. 11. The light bulbs in the second floor west corridor light fixtures have been replaced. 12. The manual fire alarm pull station has been repaired. The pull station is anchored to the wall. 13 The smoke detector located near the second floor west corridor by the west exit was covered by an orange plastic to prevent construction dust from activating the sprinkler. The plastic cover has been removed. 14. The cover plate for the light switch located on the second floor west end storage closet has been replaced. 15. The bulb in the porch light near the west portal has been replaced. 16. The dryers and vents have been securely attached.	12/26/05 12/26/05 12/26/05 12/26/05 12/26/05 02/07/05 12/27/04 12/27/04 12/27/04 12/23/04

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A43	Continued From page 6 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE REQUIRED WORKING CLEARANCE FOR ELECTRICAL EQUIPMENT BE MAINTAINED AT ALL TIMES. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE ELECTRICAL PANEL LOCATED IN THE KITCHEN HAS A CART STORED IN FRONT OF THE ELECTRICAL PANEL. 1a. FACILITY STAFF PRESENT ACKNOWLEDGED THE FINDINGS.	A43	A 43 The cart in front of the electrical panel in the kitchen has been removed. The staff has been instructed to maintain a working clearance to the front of the electrical equipment. The Dietary Manager will monitor to keep the area clear.	12/21/04
A44	7 NMAC 8.2.44 HAZARDOUS AREAS 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water	A44	A 44 The oxygen cylinder holder has been ordered and expected delivery on or before 02/18/2005. Staff has been trained to keep oxygen in portable strollers when in use or in a holder when in storage. The charge nurse will monitor this area randomly when making nursing rounds to ensure appropriate oxygen storage.	02/18/05

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A44	Continued From page 7 heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64. 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 NFPA 99 Section 4-3.1.2.1 Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both). (b) Enclosures shall be provided for supply systems cylinder storage or manifold locations of oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1-hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. (c) Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. (d) The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70. (e) Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials. (f) Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of	A44			

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A44	<p>Continued From page 8</p> <p>heat.</p> <p>(g) Combustible materials, such as paper, cardboard, plastics, and fabrics shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage.</p> <p>(j) Requires that locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Care shall be taken to provide adequate ventilation to dissipate gases in order to prevent the development of oxygen-deficient atmospheres in the event of functioning of cylinder or manifold pressure-relief devices.</p> <p>(3) Enclosures for supply systems shall be provided with doors or gates that can be locked.</p> <p>Section 8-6.4.2 Signs. Precautionary signs, readable from a distance of 5 ft. shall be conspicuously displayed at the site of administration and in aisles and walkways leading to the area. they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.</p> <p>BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT STORAGE, LABELING AND HANDLING OF OXYGEN IS IN COMPLIANCE WITH THE REQUIREMENTS. THE FINDINGS ARE:</p> <p>ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING:</p> <p>1. THERE IS A SIZE "E" OXYGEN CYLINDER STORED OUTSIDE THE DOOR OF THE</p>	A44		

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A44	Continued From page 9 OXYGEN STORAGE ROOM LOCATED WITHIN THE EAST DAYROOM. THIS OXYGEN CYLINDER IS NOT SECURE IN A HOLDER. 1a. FACILITY STAFF PRESENT STATED THAT THE CYLINDERS SHOULD HAVE BEEN STORED INSIDE THE OXYGEN STORAGE ROOM IN THE HOLDERS PROVIDED INSIDE THE OXYGEN ROOM. 2. THE DESIGNATED OXYGEN STORAGE ROOM LOCATED WITHIN THE EAST DAYROOM HAS FORTY (40) SIZE "E" OXYGEN CYLINDERS THAT ARE STORED INSIDE THE OXYGEN STORAGE ROOM AND THE OXYGEN CYLINDERS WERE NOT SECURED IN HOLDERS. 2a. FACILITY STAFF PRESENT STATED THAT THE CYLINDERS SHOULD HAVE BEEN STORED IN THE HOLDERS PROVIDED INSIDE THE OXYGEN STORAGE ROOM.	A44		
A48	7 NMAC 8.2.48 LIGHTING AND LIGHTING FIXTURES 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.	A48		

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A48	Continued From page 11 STATED THAT THE BATTERY WOULD BE REPLACED. 2. (a) THE EXIT LIGHT LOCATED OVER THE DOUBLE SMOKE DOORS WITHIN THE CORRIDOR LEADING FROM ADMINISTRATION TO BUILDING "A" DOES NOT WORK. 2. (b) THE MAINTENANCE PERSON PRESENT ACKNOWLEDGED THIS FINDING AND STATED THE EXIT LIGHT WOULD BE REPAIRED OR REPLACED. 3. (a) THE EXIT LIGHT LOCATED AT THE WEST END OF THE 1ST FLOOR WEST CORRIDOR IN BUILDING "A" IS NOT ILLUMINATED. 3. (b) MAINTENANCE STAFF PRESENT ACKNOWLEDGED THIS FINDING AND STATED THAT THE EXIT LIGHT WOULD BE REPAIRED. 4. (a) WHEN TESTED, THE BATTERY BACKUP TO THE EXIT LIGHT LOCATED OVER THE EXIT DOOR LEADING TO THE EXTERIOR OF THE BUILDING WITHIN THE BUILDING "A" EAST STAIRWELL DID NOT WORK. 4. (b) MAINTENANCE STAFF PRESENT ACKNOWLEDGED THIS AND STATED THAT THE BATTERY BACKUP WOULD BE REPLACED. Reference Tag: D. LIGHTING PROTECTION: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT ALL LIGHTING IS MAINTAINED PROTECTED FROM ACIDENTAL BREAKAGE AS REQUIRED. FINDINGS ARE:	A48	A48 2a. & 2b. The exit light located over the double smoke doors within the corridor leading form the administration to building 'A' has been repaired. 3a. The exit light located at the west end of the first floor corridor in building 'A' has been repaired. 4a. The battery to the exit light located over the exit door leading to the exterior of the building in building 'A' has been replaced. 1 - 4. The testing of emergency lighting and backup batteries is included in the monthly preventative maintenance schedule. The Maintenance Director or his designee will check these lights monthly and repair and or replace as needed. The Maintenance Director will provide the report monthly to the Executive Director.	02/07/05 02/07/05 02/07/05

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A48	Continued From page 12 ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING. 1. (a) THE LIGHT FIXTURE WITHIN THE STORAGE ROOM AT THE END OF THE 2ND FLOOR EAST CORRIDOR IN BUILDING "A" IS NOT PROTECTED FROM ACCIDENTAL BREAKAGE. 1. (b) MAINTENANCE STAFF PRESENT ACKNOWLEDGED THIS FINDING. 2. (a) THE LIGHT FIXTURE WITHIN THE STORAGE ROOM AT THE END OF THE 2ND FLOOR WEST CORRIDOR IN BUILDING "A" IS NOT PROTECTED FROM ACCIDENTAL BREAKAGE. 2. (b) MAINTENANCE STAFF PRESENT ACKNOWLEDGED THIS FINDING. 3. (a) THE MECHANICAL ROOM LOCATED OFF THE WEST SERVICE PORTAL HAS 2 LIGHT FIXTURES THAT ARE NOT PROTECTED FROM ACCIDENTAL BREAKAGE. 3. (b) MAINTENANCE STAFF PRPRESENT ACKNOWLEDGED THIS FINDING. Reference Tag: E. EMERGENCY LIGHTING: BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT EMEMRGENCY LIGHTING IS PROVIDED AND MAITAINED AS REQUIRED. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY SURVEYOR	A48	A 48 1. A. The light fixture within the storage room at the end of the second floor east corridor in building 'A' has had a protective covering installed. 2. A. The light fixture within the storage room at the end of the second floor west corridor in building 'A' has had a protective covering installed. 3. The two light fixtures in the mechanical room located off the west service portal had protective coverings installed. The Maintenance Director or designee will ensure all fixtures have protective covering to prevent bulbs from breaking accidentally during the routine rounds to replace bulbs. The Maintenance Director will provide the work log to the Executive Director Weekly.	02/05/05 02/11/05 02/11/05

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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 12/21/2004
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
A48	Continued From page 13 OBSERVED THE FOLLOWING: 1. WHEN TESTED, THE EMERGENCY LIGHT FIXTURE LOCATED INSIDE THE MAIN ENTRANCE DOOR AND ADMINISTRATIVE AREA WAS DIM INDICATING THAT THE BATTERY BACKUP WAS GOING BAD. 2. WHEN TESTED, THE EMERGENCY LIGHT FIXTURE LOCATED AT THE NORTHWEST END OF THE LOBBY CORRIDOR WAS DIM INDICATING THAT THE BATTERY BACKUP WAS GOING BAD. 3. WHEN TESTED, THE EMERGENCY LIGHT FIXTURE LOCATED WITHIN THE EAST STAIRWELL IN BUILDING "A" WAS DIM INDICATING THAT THE BATTERY BACKUP WAS GOING BAD. 4. WHEN TESTED, TWO (2) EMERGENCY LIGHT FIXTURES LOCATED WITHIN THE KITCHEN AREA DID NOT WORK. 5. MAINTENANCE STAFF PRESENT ACKNOWLEDGED THE FINDINGS AND STATED THAT THE EMERGENCY LIGHTS WOULD BE REPAIRED OR REPLACED.	A48	A 48 1. The emergency light fixture located inside the main entrance door and administrative area that was dim indicating the battery backup was low has been replaced. 2. The emergency light fixture located at the northwest end of the lobby corridor that was dim indicating the battery backup was low has been replaced. 3. The emergency light fixture located within the east stairwell in building 'A' that was dim indicating the battery backup was low has been replaced. 4. The emergency light fixtures located within the kitchen area that were not working have been replaced. 1 - 4. The testing of emergency lighting and backup batteries is included in the monthly preventative maintenance schedule. The Maintenance Director or his designee will check these lights monthly and repair and or replace as needed. The Maintenance Director will provide the report monthly to the Executive Director.	02/07/05 02/07/05 02/07/05 02/05/05
A49	7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM 7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM: A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility must know the location of the electrical disconnect	A49		

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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 12/21/2004
NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87505		
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A49	Continued From page 15 RE-LABELED IF NECESSARY.	A49		
A59	7 NMAC 8.2.59 FIRE CLEARANCE AND INSPECTIONS 7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 Reference tag A FIRE ALARM SYSTEM: BASED ON OBSERVATION, DOCUMENTATION REVIEW AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE FACILITY IS INSPECTED ANNUALLY BY THE FIRE AUTHORITY HAVING JURISDICTION AND THAT A COPY OF THE LATEST INSPECTION BE KEPT ON FILE AND MAINTAINED READILY	A59		

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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 12/21/2004
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A59	Continued From page 16 AVAILABLE FOR REVIEW. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYORS OBSERVED THE FOLLOWING: 1. THE FACILITY DID NOT HAVE A CURRENT FIRE INSPECTION REPORT BY THE LOCAL FIRE AUTHORITY AVAILABLE FOR REVIEW. 2. THE MAINTENANCE PERSON PRESENT, THE OFFICE MANAGER AND THE EXECUTIVE DIRECTOR ALL STATED THAT DUE TO A TURNOVER OF MAINTENANCE STAFF AND ADMINISTRATION, THEY WERE UNABLE TO VERIFY THAT AN INSPECTION HAS BEEN CONDUCTED. ALSO, THEY WERE UNABLE TO LOCATE DOCUMENTATION FOR THE SURVEYOR TO REVIEW SHOWING THE FACILITY HAD BEEN INSPECTED WITHIN THE LAST TWELVE MONTHS BY THE LOCAL FIRE AUTHORITY.	A59	A 59 A request has been made of the local fire authority to conduct a review. The documentation of the request has been retained in the possession of the Maintenance Director and the Executive Director. The request will be augmented by the report after the inspection and completion of the written report. The Maintenance Director will be responsible for requesting this inspection annually.	02/11/05
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	A60		

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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 12/21/2004
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A60	Continued From page 17 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: 14514 Reference tag A. FIRE ALARM SYSTEM: BASED ON OBSERVATION, DOCUMENTATION REVIEW AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THE FIRE ALARM SYSTEM IS INSPECTED AND APPROVED IN WRITING BY THE FIRE AUTHORITY HAVING JURISDICTION AND THAT SUCH DOCUMENTS ARE MAINTAINED READILY AVAILABLE FOR REVIEW. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYORS OBSERVED THE FOLLOWING. 1. THE FACILITY DID NOT HAVE A CURRENT FIRE ALARM SYSTEM INSPECTION REPORT AVAILABLE FOR REVIEW.	A60			

2400 Legacy Court, Santa Fe, New Mexico
Phone: 505.471.2400
e-mail byauger@kingstonhealthcare.com

**Kingston Residence
of Santa Fe**

Fax

To: Sandra Romero	From: Bobbi Yauger
Fax: 505 955-3125	Pages: 1
Phone:	Date: February 11, 2005
Re: Inspection	CC:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Dear Ms. Romero,

Please schedule an Inspection for our community so that we may be found in compliance with the Residential Regulations by which we are bound.

I will retain a copy of this facsimile as evidence of the request until such time I will have the written report of the inspection.

Thank you,

Bobbi Yauger

Executive Director

Confidentiality Statement

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity listed above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the United States Post Service.

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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 12/21/2004
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
A60	Continued From page 18	A60	A 60 A request has been made of the local fire authority to conduct a fire alarm inspection report. The documentation of the request has been retained in the possession of the Maintenance Director and the Executive Director. The request will be augmented by the report after the inspection and completion of the written report is received. The Maintenance Director will be responsible for requesting this inspection annually.	02/11/05
A61	7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM 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] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 BASED ON OBSERVATION, DOCUMENTATION REVIEW AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE AUTOMATIC FIRE PROTECTION SYSTEM IS MAINTAINED, INSPECTED QUARTERLY AND DOCUMENTATION OF INSPECTIONS BE MAINTAINED READILY AVAILABLE FOR REVIEW. FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYORS OBSERVED THE FOLLOWING.	A61	A61 Kingston Residence of Santa Fe ensures the community's sprinkler system is maintained and inspected quarterly. The inspections reports were not immediately available due to a turnover in the maintenance department. However, the vendor was able to provide copies of the inspection reports. Attached are copies of the reports associated with the inspection conducted on 12/02/04. The Maintenance Director will schedule the inspections quarterly and will apprise the Executive Director of the scheduled dates. The Executive Director and the Maintenance Director will retain copies of the reports.	12/23/05

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A61	Continued From page 19 1. THE FACILITY DID NOT HAVE QUARTERLY FIRE SPRINKLER SYSTEM INSPECTION REPORTS AVAILABLE FOR REVIEW. 2. THE MAINTENANCE PERSON PRESENT, THE OFFICE MANAGER AND THE EXECUTIVE DIRECTOR ALL STATED THAT DUE TO A TURNOVER OF MAINTNENANCE STAFF AND ADMINISTRATION, THEY WERE UNABLE TO LOCATE DOCUMENTATION FOR SURVEYOR REVIEW SHOWING THAT THE AUTOMATIC FIRE SYSTEM HAS BEEN INSPECTED AND MAINTAINED AS REQUIRED. Reference NFPA 13 5-5.5.2.1 Continuous or noncontinuous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 5-5.5.2. 5-5.6* Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater. Exception No. 1: Where other standards specify greater minimums, they shall be followed. Exception No. 2: A minimum clearance of 36 in. (0.91 m) shall be permitted for special sprinklers. Exception No. 3: A minimum clearance of less than 18 in. (457 mm) between the top of storage and ceiling sprinkler deflectors shall be permitted where proven by successful large-scale fire tests for the particular hazard. Exception No. 4:* The clearance from the top of storage to sprinkler deflectors shall be not less than 3 ft (0.9 m) where rubber tires are stored.	A61			

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A61	Continued From page 20 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE SPRINKLER SPRAY PATTERN IS NOT OBSTRUCTED AND THE CORRECT DISTANCE FROM THE SPRINKLER DEFLECTOR IS MAINTAINED. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. (a) WITHIN THE BUILDING "A" LAUNDRY ROOM, THERE ARE ITEMS STORED WITHIN 9 VERTICAL INCHES OF THE SPRINKLER DEFLECTOR. 1. (b) MAINTNENANCE STAFF PRESENT ACKNOWLEDGED THIS FINDING. 2. (a) WITHIN RESIDENT ROOM #111-2, THERE ARE ITEMS STORED WITHIN A VERTICAL INCH OF THE SPRINKLER DEFLECTOR. 2. (b) MAINTNENANCE STAFF PRESENT ACKNOWLEDGED THIS FINDING.	A61	A 61 It is the policy and practice of Kingston Residence of Santa Fe keep a space of eighteen inches between the sprinkler deflector and any stored items. 1. A. The items stored within 9 vertical inches of the sprinkler deflector in the laundry room of building 'A' were removed. 2. A. The items stored within a vertical inch of the sprinkler deflector in Room# 112-a were also removed. The staff has been educated to maintain this distance and to assist Residents to maintain this space in their individual apartments as well. The Maintenance and Housekeeping staff will monitor for compliance.	02/02/05 02/02/05
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: 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	A62		

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A62	Continued From page 21 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: 19954 BASED ON OBSERVATION, DOCUMENTATION REVIEW, AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT ALL PORTABLE FIRE EXTINGUISHERS ARE INSPECTED YEARLY, TAGGED NOTING THE DATE OF INSPECTION AND MAINTAINED AS REQUIRED. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE FIRE EXTINGUISHERS LOCATED BY THE EXIT LEADING INTO THE WEST PORTAL DOES NOT HAVE AN INSPECTION TAG. 1a. THE FACILITY MAINTENANCE STAFF PRESENT ACKNOWLEDGED THE FINDING.	A62	A 62 An inspection tag has been affixed to the fire extinguisher located by the exit leading into the west portal. The Maintenance Director or his designee will continue to inspect the extinguishers monthly and make certain the appropriate documentation is present and the ticket is attached. The preventative maintenance log will be provided to the Executive Director monthly.	
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND 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	A63		

02/02/05

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A63	Continued From page 22 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 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. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (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. (5) The local fire department should be requested to supervise and participate in fire drills. [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] This REQUIREMENT is not met as evidenced by:	A63		

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A63	Continued From page 23 Surveyor: 14514 Reference Tag: D. Fire Drills: BASED ON OBSERVATION, DOCUMENTATION REVIEW AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT FIRE DRILLS ARE CONDUCTED AND DOCUMENTED AS REQUIRED. THE FINDINGS ARE: ON DECEMBER 21, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING. 1. UPON REVIEW OF DOCUMENTATION, FACILITY STAFF WAS ABLE TO PRODUCE DOCUMENTATION SHOWING THAT ONLY 4 FIRE DRILLS WERE CONDUCTED WITHIN THE LAST TWELVE MONTHS. 2. THE MAINTENANCE PERSON PRESENT, THE OFFICE MANAGER AND THE EXECUTIVE DIRECTOR ALL STATED THAT DUE TO A TURNOVER OF MAINTNENANCE STAFF AND ADMINISTRATION, THEY WERE UNABLE TO LOCATE DOCUMENTATION FOR SURVEYOR REVIEW SHOWING THAT FIRE DRILSS HAD BEEN CONDUCTED ON A MONTHLY BASIS FOR THE PAST 12 MONTHS.	A63	A 63 Kingston Residence of Santa Fe upholds 7 NMAC 8.2.63 and conducts monthly fire drills and staff training. Fire Drills were conducted in August, September, and October, however, in a recent transfer from one temporary office to another the documentation has been misfiled. The facility staff have been unable to locate the documentation. Fire Drills are planned to continue monthly for the next year and will rotate quarterly between the shifts. The Executive Director will maintain the schedule and the records.	01/13/05