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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>5805</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - ARBORS OF DEL REY (T-</b><br>B. WING _____                    | (X3) DATE SURVEY COMPLETED<br><br><b>06/18/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBORS OF DEL REY (THE)</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3731 DEL REY BLVD<br/>LAS CRUCES, NM 88012</b> |   |   |
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| A 01   | <b>OPENING REMARKS</b><br><br>Surveyor: 25921<br>The following deficiencies were cited as a result of an annual survey conducted on June 18, 2008 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.   | A 01   |   |   |
| A23  | <b>7 NMAC 8.2.23 Fac, reports, Recs., P &amp; RS &amp; Rules</b><br><br><b>7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES:</b><br>A. REPORTS AND RECORDS: Each facility must keep the following reports, records, and policy and procedures on file at the facility and make them available for review upon request of the Licensing Authority:<br>(1) Fire Inspection Report.<br>EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports.<br>(2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints.<br>(3) Copy of the latest survey from Environmental Health Authority (if applicable) regarding kitchen and food management and, if private sewage disposal, and private waste disposal. EXCEPTIONS: Adult residential care facilities with three (3) or fewer residents are not required to be inspected by Environmental Health Authority. Facilities exempted by the Environmental Health Authority having jurisdiction, are not required to have a survey on file provided the exemption letter is on file.<br>(4) TB test results of staff or any of their family members living in the facility.<br>(5) One (1) month of menus planned | A23  |   |   |

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Division of Health Improvement

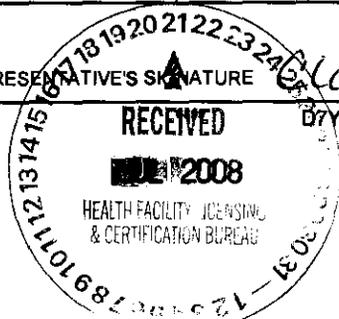
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Executive Director*  
*Blanca Faith Weston* 7/18/08

STATE FORM

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If continuation sheet 1 of 10



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| A23  | Continued From page 1<br><br>and as served.<br>(6) Record of fire drills: A record of all fire drills conducted at the facility. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to hold or record fire drills.<br>(7) Written emergency plans and policies and procedures for medical emergencies, power failure, fire or natural disaster. Such plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes and refuge areas, responsibilities of personnel.<br>(8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC).<br>(9) Custodial Drug Permit: A valid Custodial Drug Permit issued by the State Board of Pharmacy for those facilities licensed pursuant to these regulations. EXCEPTION: Adult residential care facilities with only one (1) resident are not required to have a custodial drug permit.<br>(10) Vaccination of pets in the facility.<br>(11) Staff training.<br>(a) At orientation and on-going.<br>(b) Appropriate to staff responsibilities.<br>(Assistance with medications, dietary, environmental...)<br>(c) Fire safety.<br>(d) First aid.<br>(e) Safe food handling practices.<br>(f) Confidentiality of records and resident information.<br>(g) Infection control (including universal precautions and linen handling).<br>(h) Resident rights.<br>(i) Providing Quality Resident care based on current resident need.<br>(j) Reporting requirements for Abuse, Neglect or Exploitation. | A23  |   |   |

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| A23  | Continued From page 2<br><br>(12) A copy of License.<br>(13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions.<br>(14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority.<br>(15) A copy of the floor plans as approved for licensure.<br>B. RULES: Prior to placement in or admission to a facility, a prospective resident or his/her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to but not limited to the following:<br>(1) The use of tobacco and alcohol.<br>(2) The use of the telephone.<br>(3) Operation of television, radio, and stereo.<br>(5) Use and safekeeping of personal property.<br>(6) Meals.<br>(7) Use of common areas.<br>(8) Electric blankets or appliances used by residents.<br>C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas:<br>(1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...).<br>(2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets).<br>(3) The handling or resident's funds, if the facility provides such services.<br>(4) Reporting of incidents, including abuse, neglect, and exploitation.<br>(5) Handling of complaints.<br>(6) Staff and resident fire and safety training. | A23  |   |   |

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| A23  | Continued From page 3<br><br>(7) Smoking.<br>(8) The facility's bed hold policy.<br>(9) Admission agreement.<br>(10) Admission records.<br>(11) Resident records.<br>(12) Program Narrative.<br>(13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives.<br>(14) Personnel policies.<br>(15) Identifying and safeguarding resident possessions.<br>(16) Securing medical assistance if a resident's own physician is not available.<br>(17) NOTE FOR MATERNITY SHELTERS ONLY: In addition to the required policy and procedure topics listed above, Maternity Shelters shall have written policies and procedures regarding infant formula, feeding and equipment, and laundering of infant linen and diapers.<br>(18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles.<br>(19) Staff training for employees who operate motor vehicles to transport residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.23 NMAC - Rn & A 7 NMAC 8.2.23, 8-31-00]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Based on documentation reviewed and interview, the facility failed to keep a record of the monthly testing of the fire alarm system, fire and disaster training records for the facility as required by the Life Safety Code (NFPA 101), potentially affecting all residents and staff throughout the facility. At the time of survey, the | A23  | 7.8.2.23.A.6<br>Fire drills will be conducted monthly by the Clinical / Staff / Coordinator. Each quarter there will be a fire drill conducted on each of the three shifts worked at the facility, one shift per month; Each drill will contain the following: date, time, confirmation that the fire alarm was activated, the fire alarm was heard, the smoke doors closed, the exterior doors opened, whether it was a planned drill or as a result of the alarm being set off; if the drill was between the hours of 9pm and 6am was the alarm tested the following day; Signatures of participants, evacuation time, any problems that were encountered and their resolution, signature of person conducting drill |   |

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| A23  | Continued From page 4<br><br>licensed capacity of the facility was 24 and the census was 20. The findings are:<br><br>On June 18, 2008, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. From May of 2007 through December of 2007, no documentation of a fire drill was in evidence.<br><br>2. The documentation of the fire drill from January of 2008 to June 2008, did not indicate the signatures of the fire drill participants.<br><br>3. No documentation of a monthly testing of the fire alarm system was in evidence for the last twelve (12) months.<br><br>4. The Executive Director stated, that she was generating a new document to address these matters. | A23  | <i>A monthly audit will be completed by the Executive director, no later than the last day of the month, to ensure compliance.<br/>Effective 7/18/08</i> |   |
| A43  | 7 NMAC 8.2.43 Maintenance of Building & Grounds<br><br>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:<br>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,  | A43  |  |   |



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| A43   | <p>Continued From page 6</p> <p>3. Within the Beauty Shop next to the sink, was an electrical outlet within two(2) feet a water supply that was not GFIC(Ground Fault Interrupt Circuit) protected.</p> <p>4. The Executive Director stated that the outlets would be replaced with GFIC outlets.</p> <p>Based on observation and staff interview, the facility's practice failed to ensure Precautionary signs, readable from a distance and be conspicuously displayed where oxygen is being administered in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association, potentially affecting residents and staff throughout the facility. The licensed capacity of the facility is 24, the census during the survey was 20. The findings are:</p> <p>On June 18, 2008, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:</p> <p>1. The resident in the center room of Jardin corridor was on oxygen therapy. There was no posted signage outside the room warning that oxygen is being administered as required.</p> <p>2. The resident in the center room of Suenos corridor was on oxygen therapy. There was no posted signage outside the room warning that oxygen is</p> | A43  | <p>All residents in facility on Oxygen therapy will have signs posted on their doors warning signs stating Oxygen in Use. Residents in center rooms on Jardin, Esperanza and Suenos units have signs posted effective 6/19/08 Executive director will ensure compliance in future, signs will be posted when Oxygen therapy begins.</p> |  |

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| A43  | Continued From page 7<br>being administered as required.<br><br>3. The resident in the center room of Esperanza corridor was on oxygen therapy. There was no posted signage outside the room warning that oxygen is being administered as required.<br><br>4. The Executive Director stated that it is standard practice to post signage at locations where oxygen is being administered. She did not know why there was not signage at these three locations.  | A43  |   |   |
| A61  | 7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System<br><br>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.<br>[4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Based on observations and interviews, the facility failed to assure that the building elements, which are attached to the building, are equipped with a sprinkler system and used by the facility residents, staff and visitors, was installed and maintained in accordance with the Life Safety Code and NFPA 13. Roofing and Canopies that extend more than 4 feet from the building and are connected to the building must be equipped with sprinklers. This practice potentially affects all staff, residents, and visitors throughout the | A61  |   |   |

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| A61   | <p>Continued From page 8</p> <p>facility. At the time of survey, the licensed capacity of the facility was 24 and the census was 20. The findings are:</p> <p>On June 18, 2008, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>At the south west and south east exits of the facility used by residents, staff, and visitors were canopies that measured 5 feet by 4 feet and were not protected by a sprinkler system.</li> <li>At the Northwest and Northeast exits of the facility used by residents, staff, and visitors were canopies that measured 5 feet by 4 feet and were not protected by a sprinkler system.</li> <li>At the main entrance to the building used by all resident, staff, and visitors was a canopy measuring 20 feet by 15 feet and was not protected with a sprinkler system.</li> <li>At the Smoking area at the north side of the facility used by residents, staff and visitors was a canopy the measured 35 feet by 35 feet and was not protected by a sprinklers system.</li> <li>The Executive Director acknowledged these findings at the exit conference.</li> </ol> <p>Based on observations and interviews, the facility failed to assure that the building was</p> | A61  | <p>7.8.2.61</p> <p>The facility will have Simar Systems LLC install the appropriate sprinklers to ensure the safety of residents and staff. All outside canopies, entrances and patio will be sprinkled in accordance with life safety code and NFPA 13.</p> <p>Inside supply closets and small bathrooms will be sprinkled on units: Santos, Suenos, Jardin, and Esperanza, in accordance with life safety code and NFPA 13.</p> <p>Work will begin as soon as all applicable plans and permits are approved. Work to be completed in good faith no later than 120 days from 7/18/08</p> |  |

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| A61  | Continued From page 9<br>equipped with a sprinkler system which was installed and maintained in accordance with the Life Safety Code and NFPA 13, which requires sprinklers in all common living areas. This practice potentially affects all staff, residents and visitors throughout the facility, the licensed capacity of the facility was 24 and the census was 20. the findings are:<br><br>On June 18, 2008, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. Within the bathrooms of Jardin, Santos, Esperanza and Suenos corridors no sprinklers were in evidence.<br><br>2. Within the Central supply rooms of the Jardin, Santos, Esperanza and Suenos corridors no sprinklers were in evidence.<br><br>3. The Executive Director acknowledged these finding at the exit conference. | A61  | <i>Executive director will continue to work toward compliance as soon as possible.</i>                          |   |