

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5794	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - WOODMARK AT UPTOWN B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2008
NAME OF PROVIDER OR SUPPLIER WOODMARK AT UPTOWN (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7201 PROSPECT PLACE NE ALBUQUERQUE, NM 87110		
(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	OPENING REMARKS Surveyor: 14514 The following deficiencies were cited as a result of an annual Life Safety Code survey conducted on January 11, 2008 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.	A 01	Submission of this Plan of Correction (POC) is not legal admission that a deficiency exists, or that this Statement of Deficiency was correctly cited, and is also not to be constructed as an admission against interest by the facility, or any employees, agents, or other individuals who draft or may be discussed in the Response and Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
A43	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS 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: 14514 SMOKE BARRIER DOORS Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least	A43 <i>ES Scanned 02-18-08</i>		

Division of Health Improvement

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

TITLE
Executive Director

(X6) DATE
2-8-08

STATE FORM

6869

JH7D2T

If continuation sheet 1 of 12

FEB 13 2008

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A43	<p>Continued From page 1</p> <p>1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>Based on observation and staff interview, the facility's practiced failed to ensure all fire protection systems including smoke barriers and doors in smoke barriers are self-closing or automatic closing in accordance with the code and are maintained in safe and functioning condition including regular inspections of these systems, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 144 and the census was 130. The findings are:</p> <p>On January 11, 2008, between 2:15 pm and 5:30 pm, during a tour of the facility with the Executive Director and the Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> 1. When tested, the double fire doors east of the 4th floor Laundry Room closed but one of the doors did not latch. 2. When tested, the double fire doors east of the 2nd floor Laundry Room closed but one of the doors did not latch. 3. There were two sets of double doors entering the main dining room from the corridor. When tested, the double doors entering the dining room to the right, closed but one door was binding against the other and did not latch. 4. When tested, the bottom edge of one of the double fire doors located west of the Dining 	A43	<p>Submission of this Plan of Correction (POC) is not legal admission that a deficiency exists, or that this Statement of Deficiency was correctly cited, and is also not to be constructed as an admission against interest by the facility, or any employees, agents, or other individuals who draft or may be discussed in the Response and Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <ol style="list-style-type: none"> 1. (1) Double fire doors east of 4th Floor laundry room have been adjusted to latch as required by regulation. (2) Maintenance Director will monitor for compliance on monthly rounds and will maintain a monthly log of compliance. 2. (1) Double fire doors east of 2nd floor laundry room have been adjusted to latch as required by regulation. <p style="text-align: right;">Continued on Page 2A</p>	

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A43 - Smoke Barrier Doors

2. (2) Maintenance Director will monitor for compliance on monthly rounds and will maintain a log of compliance.
3. (1) The double doors to the right, when entering the main dining room from the corridor have been adjusted to close and latch per this regulation.
(2) Maintenance Director will monitor for compliance on monthly rounds and will maintain a log of compliance.
4. (1) Double fire doors west of the dining room have been adjusted to close completely and latch per this regulation.
(2) Maintenance Director will monitor for compliance and will maintain a log of compliance.

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A43	<p>Continued From page 2</p> <p>Room was binding against the floor and did not close completely or latch.</p> <p>5. (a) The fire door leading from the Administrative Hall corridor to the Service Hall corridor has had the latching device removed, thus was not able to latch as required.</p> <p>(b) The Maintenance Director Stated that he did not know when the latching device had been disabled.</p> <p>6. Both the Executive Director and the Maintenance Director acknowledged these findings.</p> <p>CORRIDOR DOORS</p> <p>Based on observation and staff interview, the facility's practiced failed to ensure doors off the corridor designed to be self closing and latching be maintained and that there is no impediment to prevent those doors from closing and latching as required, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 144 and the census was 130. The findings are:</p> <p>On January 11, 2008, between 2:15 pm and 5:30 pm, during a tour of the facility with the Executive Director and the Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The self-closing door leading from the 4th floor corridor to the Laundry Room was being held open with a chair placed against it. 2. The self-closing door leading from the 4th floor corridor to the Quiet Room across from the laundry Room was being held open by a kick stop installed on the bottom face of the door. 3. The self-closing door leading from the 3rd floor corridor to the West Laundry Room was being held open with a kick stop installed on the 	A43	<p>5. (A) (1) Fire door leading from the Administrative Hall to the Service Hall has latching device in place as in able to latch.</p> <p>(2) Maintenance Director will monitor for compliance and will maintain a log of compliance with preventative maintenance.</p> <p>6. (1) Executive Director and Maintenance Director are aware of corrective actions taken on above compliance issues per this regulation.</p> <p>(2) Maintenance Director will maintain log of compliance with monthly preventative maintenance log.</p> <p>1. (1) A magnetic holder has been install on the self closing door leading from the 4th floor corridor to the laundry room.</p> <p>(2) Maintenance Director will monitor for compliance and will maintain log of compliance in preventative maintenance manual.</p> <p>Continue on Page 3A</p>	

Page 3A of 12
A43 - Corridor Doors

2. (1) Kick stop has been removed from self-closing door leading from 4th floor corridor to the Quiet Room across from laundry room.
(2) Maintenance Director will monitor for compliance to ensure kick stop remains off door.
3. (1) Kick stop has been removed from self-closing door leading from 3rd floor corridor to the West Laundry Room.
(2) Maintenance Director will monitor for compliance to ensure kick stop remains off door.

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A43	Continued From page 3 bottom face of the door. 4. The self-closing door leading from the 3rd floor corridor to the East Laundry Room was being held open with a kick stop installed on the bottom face of the door. 5. The self-closing door leading from the 2nd floor corridor to the West Laundry Room was being held open with a kick stop installed on the bottom face of the door. 6. The self-closing door leading from the 2nd floor corridor to the East Laundry Room was being held open with a chair placed against it. 7. The self-closing door leading from the 1st floor corridor to the Registered Nurse Office, next to the Elevator Equipment Room, was being held open with a kick stop installed on the bottom face of the door. 8. The self-closing door leading from the Administrative Hall corridor to the Marketing Office was being held open by a rubber wedge placed between the bottom edge of the door and the floor surface. 9. The self-closing door leading from the Service Hall corridor to the Soiled Linen Room was being held open by a wooden stick wedged between the top edge of the door and the door frame. 10. The Executive Director and the Maintenance Director both acknowledged these findings. MAINTENANCE OF ELECTRICAL SYSTEMS NFPA 70 National Electrical Code Section 110-16 of the National Electrical Code requires that a working clearance of three (3) feet be maintained in the front of and to the side of the electrical equipment. Based on observation and staff interview, the facility's practice failed to ensure working clearances at electrical equipment is in	A43	4. (1) Kick stop has been removed from self-closing door leading from 3rd floor corridor to the East Laundry Room. (2) Maintenance Director will monitor for compliance to ensure kick stop remains off door. 5. (1) Kick stop has been removed from self-closing door leading from 2nd floor corridor to the West Laundry Room. (2) Maintenance Director will monitor for compliance to ensure kick stop remains off door. 6. (1) Chair holding door leading from 2nd floor corridor to East Laundry Room has been removed. (2) Maintenance Director will monitor for compliance. Caregivers and Housekeeping staff will have in-service on 02/22/08 to monitor for compliance. Continue on Page 4A Completion date for A43	02/29/08

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A43 - Corridor Doors

7. (1) Kick stop has been removed from door leading from 1st floor corridor to the Registered Nurse Office, next to Elevator Equipment Room.
(2) Maintenance Director will monitor for compliance to ensure kick stop remains off door.
8. (1) Rubber wedge, holding door, has been removed from office with door leading from Administrative Hall corridor to Marketing Office.
(2) Maintenance Director will monitor for compliance to ensure that door is not held open with device such as rubber wedge.
9. (1) Wooden stick has been removed from door leading from Service Hall corridor to Soiled Linen Room.
(2) Maintenance Director will monitor for compliance to ensure that door is not held open with device such as wooden stick.
10. (1) Executive Director and Maintenance Director are aware of corrective actions taken on above compliance issues per this regulation.
(2) Maintenance Director will monitor on an basis to ensure compliance on regular rounds.

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A43	Continued From page 4 accordance with NFPA 70 (National Electrical Code), affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 144 and the census was 130. The findings are: On January 11, 2008, between 2:15 pm and 5:30 pm, During a tour of the facility with the Executive Director and the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At the Nourishment Station within the Main Dining Room, there was an electrical outlet within 1 foot of a water source (sink) that was not GFI (Ground Fault Interrupt) protected. 2. At the Nourishment Station located Near the Special Care Unit Dining Room, there was 3 electrical outlets within 3 feet of a water source (water fountain) that were not GFI (Ground Fault Interrupt) protected. 3. Within the Physical Plant (Boiler Room), there were various items (old toilet, shopping cart, vacuum cleaners) being stored in from of 5 electrical panels, obstructing access to those panels. 4. Within the Physical Plant (Boiler Room), there were 9 florescent light fixtures unshielded against breakage. 5. Both the Executive Director and the Maintenance Director acknowledged these findings.	A43	1. (1) Nourishment station, within the Main Dining Room, electrical outlet within 1 foot of a water source (sink) is now replaced with GFI protected outlets. (2) Maintenance Director will ensure that GFI is installed properly by a licensed electrician. 2. (1) Electrical outlets located in Nourishment station, located near the Special Care Dining Room, has been replaced with new GFI protected outlets. (2) Maintenance Director will ensure that GFI is installed properly by a licensed electrician. Continued on Page 5A	
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	A44	Completion Date for A43	02/29/08

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A43 - Maintenance of Electrical Systems

3. (1) All items (old toilet, shopping cart, vacuum cleaners) being stored in front of 5 electrical panels have been removed.
(2) Maintenance Director will monitor to ensure that electrical panels will continue to be free of obstructions per this regulation by regularly maintaining a log to document compliance. Maintenance staff will be in-serviced to ensure compliance.
4. (1) 9 fluorescent light fixtures, in the Boiler Room, now been replaced with appropriate lights.
(2) Maintenance Director will monitor to ensure that light fixtures continue to be in compliance per this regulation.
5. (1) Executive Director and Maintenance Director are aware of corrective actions addressed regarding above compliance issues per this regulation.
(2) Maintenance Director will ensure compliance per the above actions.

Continue on Page 6

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A44	Continued From page 5 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 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: 14514 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.	A44		

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A44	Continued From page 6 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 heat. (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. (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. (3) Enclosures for supply systems shall be provided with doors or gates that can be locked. 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.	A44		

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A44 - Hazardous Areas

1. (b)(1) They oxygen storage room mechanical venting will be installed per this regulation.
 - (2). The Maintenance Director will monitor for compliance with this regulation.
2. (1) Executive Director and Maintenance Director are aware of corrective actions addressed regarding above compliance issues.
 - (2) Maintenance Director will monitor to ensure compliance with this regulation.

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A44	<p>Continued From page 7</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and staff interview, the facility's practice failed to ensure storage and transferring of liquid oxygen be conducted in an approved location in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 144 and the census was 130. The findings are:</p> <p>On January 11, 2008, between 2:15 pm and 5:30 pm, during a tour of the facility with the Executive Director and the Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <p>1. (a) The Oxygen Storage room located within the Special Care Unit has a floor surface which is of composite or vinyl tile and not ceramic or concrete as required. (b) The Oxygen storage Room has no mechanical venting as required.</p> <p>2. Both the Executive Director and the Maintenance Director acknowledged these</p>	A44	<p>1. (a) (1) The oxygen Storage Room floor, within Special Care Unit, had the vinyl tile removed and the cement floor remains. (2) Maintenance Director will monitor for compliance to ensure that flooring remains in compliance with this regulation. Continued on Page 8A</p>	

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A44	Continued From page 8 findings.	A44	Completion Date for A44	02/29/08
A61	<p>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 14514 Reference NFPA 13, Section 1-5.1 Maintenance: A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition.</p> <p>Reference NFPA 13 Section 4-5.5.2.1 Continuous or non-continuous obstructions less than eighteen (18) below the sprinkler deflector that prevents the pattern from fully developing shall comply with this section. Section 4-5.5.3 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18) inches below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section. Section 4-5.6 requires that the clearance between the deflector and the top of storage shall be eighteen (18) inches or greater.</p>	A61		

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A61	<p>Continued From page 9</p> <p>Reference NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed.</p> <p>Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.</p> <p>Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler spray pattern is unobstructed and the required clearance between the bottom of the sprinkler head deflector and the top of storage is eighteen (18) inches or greater, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 144 and the census was 130. The findings are:</p> <p>On January 11, 2008, between 2:15 pm and 5:30 pm, During a tour of the facility with the Executive Director and the Maintenance Director, the Life Safety Code Surveyor observed the following:</p> <p>4th Floor</p> <ol style="list-style-type: none"> 1. Within the 4th floor Storage Room across from the elevator, there were items including bed mattresses stored within 12 vertical inches of the sprinkler deflector. 2. Inside the House Keeping Storage Room located within the 4th Floor Laundry room, there were items being stored within 12 vertical inches 	A61	<ol style="list-style-type: none"> 1. (1) All items, in 4th floor Storage Room across from elevator, within 18" of the sprinkler deflector have been moved. (2) Maintenance Director will monitor for compliance and document on log that there <p style="text-align: right;">Continued on Page 10A</p>	

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A61 - Automatic Fire Protection (Sprinkler) System
4th Floor

is compliance with this regulation.

2. (1) All items, inside housekeeping storage room on 4th floor laundry room, within 18" of sprinkler deflector have been moved.
- (2) Maintenance Director will monitor for compliance to document in log that there is compliance with this regulation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5794	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - WOODMARK AT UPTOWN B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2008
NAME OF PROVIDER OR SUPPLIER WOODMARK AT UPTOWN (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7201 PROSPECT PLACE NE ALBUQUERQUE, NM 87110		
(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
A61	Continued From page 10 of the sprinkler. 3. Both the Executive Director and the Maintenance Director acknowledged these findings. 3rd Floor 1. Within the Storage Room located across from the 3rd Floor West Elevator, there were items stored within 6 vertical inches of the sprinkler deflector 2. Within the Storage Room located across from the 3rd Floor East Laundry Room, there were items being stored within 8 vertical inches of the sprinkler deflector. 3. Both the Executive Director and the Maintenance Director acknowledged these findings. 2nd Floor 1. Within the Storage Room located North of the 2nd floor elevator, there were boxes stored within 12 vertical inches of the sprinkler deflector. 2. Both the Administrator and the Maintenance Director acknowledged this finding. 1st Floor 1. Within the Dietary Dry Good Storage Room, there were items being stored within 14 vertical inches of the sprinkler deflector. 2. Within Dietary, the Janitors closet / Housekeeping Storage Room, there were items being stored within 12 vertical inches of the sprinkler deflector. 3. Within the Storage Room located in the Staff Lounge, there were items being stored through out within 12 vertical inches of the sprinkler deflector.	A61	3. (1) Executive Director and Maintenance Director are aware of corrective actions taken for compliance of this regulation. (2) Maintenance Director will monitor for compliance per the above identified actions. 1. (1) Items within 18" of sprinkler deflector, within the Storage room located across from 3rd floor West elevator have been moved. (2) Maintenance Director will monitor and log for compliance with this regulation 2. (1) All items within 18" of sprinkler deflector, within the Storage room located across from 3rd floor East elevator have been moved. CONTINUED on Page 11A 1. (1) All items within 18" of sprinkler deflector, located within Storage Room North of 2nd floor elevator have been moved. 2. CONTINUED on Page 11A 1.(1) All items within 18" of sprinkler deflector in Dietary Dry Good Storage have been moved and will be stored below that level. (2) Food Service Director will monitor and log compliance with this regulation. Food Service Director has been in-serviced regarding this regulation. CONTINUED ON PAGE 11A	

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A61 - Automatic Fire Protection (Sprinkler) System
3rd, 2nd & 1st Floor

3rd Floor

- (2) Activity Director will monitor and document on log that there is compliance with this regulation. Activity staff have been in-serviced regarding this issue.
- 3. (1) Executive Director and Maintenance Director are aware of corrective actions taken for compliance of this regulation.
- (2) Activities Director and Maintenance Director will monitor for compliance as per the above actions.

2nd Floor

- 2.(1) Business Office Mgr will monitor and document on log that there is compliance with this regulation. Business Office Mgr has been in-serviced regarding this regulation.
- 3. (1) Executive Director and Maintenance Director are aware of corrective actions taken for compliance of this regulation.
- (2) Business Office Manager will monitor for compliance regarding this regulation.

1st Floor

- 3.(1) All items within 18" of sprinkler deflector in Storage Room located in the Staff Lounge have been moved and will be stored below that level.
- (2) Maintenance Director will monitor and log for compliance per this regulation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5794	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - WOODMARK AT UPTOWN B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2008
NAME OF PROVIDER OR SUPPLIER WOODMARK AT UPTOWN (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 7201 PROSPECT PLACE NE ALBUQUERQUE, NM 87110		
(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
A61	Continued From page 11 4. Within the Housekeeping Storage Room located next to the Laundry, there were items being stored within 6 vertical inches of the sprinkler deflector. 5. Within the Maintenance Office / Shop, there were items being stored throughout within 4 vertical inches of the sprinkler deflector. 6. Both the Administrator and the Maintenance Director acknowledged these findings. Special Care Unit 1. Within the Storage Room Across from Resident Room #10, there were items being stored within 12 vertical inches of the sprinkler deflector. 2. Within the Storage room Near Resident Room #16, there were items being stored within 12 vertical inches of the sprinkler deflector. 3. Both the Administrator and the Maintenance Director acknowledged these findings.	A61	4. (1) All items within 18" of sprinkler deflector in Housekeeping Storage Room, located next to Laundry Room, have been moved and will be stored below that level. (2) Maintenance Director will monitor for compliance with this regulation. CONTINUED ON PAGE 12A Special Care Unit 1. (1) All items located within the Storage Room across from Resident Room #10 have been moved below 18" from sprinkler deflector and will be stored below that line. (2) Special Care Unit Program Director will monitor and log for compliance with this regulation. 2. (1) All items located within the Storage Room near Reisent Room #16 have been moved below 18" from sprinkler deflector and will be stored below that line. 3. (1) Executive Director and Maintenance Director are aware of corrective actions addressed regarding above compliance issues. (2) Special Care Unit Program Director and Executive Director will monitor for compliance with these regulations.	
			Completion Date for A61	02/29/08

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A61 - Automatic Fire Protection (Sprinkler) System
1st Floor

1st Floor

- 5.(1) All items within 18" of sprinkler deflector in Maintenance Shop/Office have been moved and will be stored below that level.
- (2) Maintenance Director will monitor and log for compliance of this regulation.
6. (1) Executive Director and Maintenance Director are aware of corrective actions addressed regarding above compliance issue.
- (2) Maintenance Director will monitor to ensure compliance with these regulations.