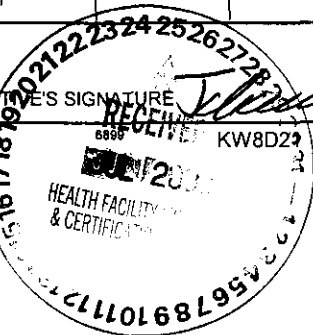


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5533	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BONNEY FAMILY HOME B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
NAME OF PROVIDER OR SUPPLIER BONNEY HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 802 EAST HILL AVENUE GALLUP, NM 87301		
(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: 25921 The following deficiencies were cited as a result of an complaint investigation, Fire inspectors documentation and life safety code survey conducted between May 14, 2008 and May 28,2008, for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A48	7 NMAC 8.2.48 Lighting & 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. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97;	A48	<i>Scanned 7-28-08 JL</i>	

Division of Health Improvement

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



TITLE: *Director* (X6) DATE: *7/23/08*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5533	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BONNEY FAMILY HOME B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
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A48	Continued From page 1 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on documentation, observation and staff interview, the facility failed to ensure emergency lighting and general hallway, stairway and bathroom lighting was in proper working order. This deficient practice has the potential to affect residents, staff and occupants of the facility. The licensed capacity of the facility is 6, the census during survey was 6. The findings are: On May 28, 2008, review of the Fire Inspectors report, the life safety code surveyor did confirm that the lighting and emergency lighting had been repaired. 1. Based on a review of the Fire Inspectors report dated May 14, 2008, confirmed that the facilities lighting fixtures and emergency lighting fixtures were inoperative. 2. Based on staff interviewed, the house supervisor confirmed that the deficiency had been corrected between 5/14/08 and 5/28/08.	A48	We ordered emergency lighting through Gallup Fire Extinguisher (505) 722-4587, and they also installed the lighting in the facility on May 16, 2008	5/16/08
A50	7 NMAC 8.2.50 Doors 7.8.2.50 DOORS: A. No door in any means of egress shall be locked against egress when the building is occupied. (1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided	A50		

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A50	Continued From page 2 such devices are operable from the inside without the use of a key, tool, or any special knowledge and are mounted at a height not to exceed forty-eight (48) inches above the finished floor. (2) If locks are not readily operable by all occupants within the building, then the locks must: (1) unlock upon activation of the fire detection or sprinkler system, (2) unlock upon loss of power in the facility. The facility must have written approval from the building and fire authorities having jurisdiction prior to installing such locking devices. (3) Locks on doors to toilets shall be capable of being released from the outside. All doors shall readily opened from the inside. B. All exit doors must have a minimum width of thirty-six (36) inches. (1) Exit doors leading to the outside of the facility with a capacity of ten (10) or more residents must open outward. (2) Facilities with a capacity of fifty (50) or more must provide panic hardware at exits. C. All resident sleeping room doors must be at least 1 3/4" solid core. No door or path of travel to a means of egress shall be less than twenty (28) inches wide. (See additional requirements for handicap access; at least one bedroom door must be thirty-four (34) inches wide for wheelchair access) EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have 1 3/4" solid core doors. D. Bathroom doors may be twenty-four (24) inches. (See additional requirements for handicap access; at least one bathroom door must be thirty-four (34) inches wide for wheelchair access) EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have thirty-four (34) inch doors for wheelchair access.	A50		

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A50	Continued From page 3 [9-24-76, 7-11-86, 4-7-97; 7.8.2.50 NMAC - Rn, 7 NMAC 8.2.50,8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on documentation, observation and staff interview, the facility failed to ensure exits are provided with approved locking hardware. This deficient practice has the potential to affect residents, staff and occupants of the facility. The licensed capacity of the facility is 6, the census during survey was 6. The findings are: On May 28, 2008, review of the Fire Inspectors report dated 5/14/08 confirmed that the locks had been changed to an approved locking device. 1. Based on review of the Fire Inspectors's report dated May 14, 2008, confirmed that the doors of the facility did not have an approved door locking hardware. 2. Based on staff interviewed, the house supervisor confirmed that the deficiency had been corrected between 5/14/08 and 5/28/08.	A50	We purchased new door locks and replaced the old ones with those. They were installed in the facility on May 16, 2008.	5/16/08