

Division of Health Improvement

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5762 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRIDGE OF FARMINGTON B. WING _____ | (X3) DATE SURVEY COMPLETED 11/10/2009 |
|--|---|---|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER BRIDGE OF FARMINGTON (THE) | STREET ADDRESS, CITY, STATE, ZIP CODE 1091 WEST MURRAY DRIVE FARMINGTON, NM 87401 |
|---|---|

| (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 |
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A 01 OPENING REMARKS

Surveyor: 17700

The following deficiencies were cited as a result of a Life Safety Code survey conducted on November 10, 2009, for New Mexico Requirements for Adult Residential Care Facilities 7.8.2 NMAC.

A48 7 NMAC 8.2.48 Lighting & Lighting Fixtures

A48

*Scanned
12/14/09*

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; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]



Division of Health Improvement

Jessie Neely

TITLE *HM*

(X6) DATE

12/4/09

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

STATE FORM

6899

RNJ521

If continuation sheet 1 of 3

Division of Health Improvement

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A48 Continued From page 1

This REQUIREMENT is not met as evidenced by:
Surveyor: 17700

Based on observation and staff interview, the facility failed to ensure emergency lighting was provided throughout the facility to illuminate all means of egress in the event of disruption of electrical service. This deficient practice had the potential to affect those residents who use the dining room. The licensed capacity of the facility was 70. The census during the survey was 58. The findings are:

- A. On 11/10/09 at 2:30 pm, during a tour of the facility with the Maintenance Director the surveyor observed the dining room located on the 1st floor was not provided with emergency lighting.
- At this time, the Maintenance Director stated he never noticed emergency lighting was not provided in the dining room.
 - On 11/10/09 at 3:30 pm, the Administrator and the Maintenance Director acknowledged the above findings at the exit conference.

A48

See attached Invoice # A1989

Lights have been installed. Receipt & pictures are enclosed.

Spoke w/ Dir of Maintenance work completed 10/27/09

JW

A64 7 NMAC 8.2.64 Smoking

7.8.2.64 SMOKING:

- Smoking by residents and staff must only be done in supervised areas designated by the facility and approved by the State Fire Marshall or local fire prevention authorities. Smoking must not be allowed in a kitchen or food preparation areas.
- All designated smoking areas must be provided with suitable ashtrays.
- Residents must not be permitted to

A64

Accepted 12/15/09

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| A64 | <p>Continued From page 2</p> <p>smoke in their sleeping rooms.</p> <p>D. Smoking must not be permitted where oxygen is in use or stored. [9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7 NMAC 8.2.64, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 17700</p> <p>Based on observation and staff interview, the facility failed to ensure ashtrays of noncombustible material and safe design were provided at all designated smoking areas. This deficient practice had the potential to affect those residents and staff who smoke. The findings are:</p> <p>→ A. On 11/10/09 between 2:00 pm and 3:00 pm, during a tour of the facility's designated smoking areas with the Maintenance Director the surveyor observed plastic smoking posts were provided at both designated smoking areas. Inspection of these smoking posts revealed they were constructed of combustible material (plastic).</p> <p>1. At this time, the Maintenance Director stated the smoking posts would be replaced with the noncombustible variety.</p> <p>2. On 11/10/09 at 3:30 pm, the Administrator and the Maintenance Director acknowledged the above findings at the exit conference.</p> | A64 | <p>See Attached PO # 12/03/09</p> <p>new ash trays have been purchased and placed. Receipt enclosed</p> <p>spoke w/ Dir of Maintenance - smoking receptacles placed out in smoking areas on 12/3/09, when received</p> | |

Accepted 12/15/09
[Signature]