Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5805	A. BUILDING 01 - ARBORS OF DEL REY (TH B. WING _____	11/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBORS OF DEL REY	3731 DEL REY BLVD LAS CRUCES, NM 88012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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: 21700 On November 29, 2006, a Life Safety Code survey was conducted at the facility. This facility is found to not be in compliance with the Life Safety Code portion of New Mexico State Regulations governing requirements for Adult Residential Care Facilities NMAC 7.8.2	A 01		
A23	7 NMAC 8.2.23 FAC. REPORTS,RECS.,P & PS & RULES 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES: 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: (1) Fire Inspection Report. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have fire inspection reports. (2) Copy of the last survey conducted by the Licensing Authority, adverse actions or appeals thereto, and complaints. (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.	A23		

Division of Health Improvement

Mary Lucero — TITLE Executive Director (X6) DATE 12/20/06

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

RECEIVED DEC 21 2006

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A23	Continued From page 1 (4) TB test results of staff or any of their family members living in the facility. (5) One (1) month of menus planned and as served. (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. (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. (8) Licensing regulations: A copy of these regulations (Requirements for Adult Residential Care Facilities, 7.8.2 NMAC). (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. (10) Vaccination of pets in the facility. (11) Staff training. (a) At orientation and on-going. (b) Appropriate to staff responsibilities. (Assistance with medications, dietary, environmental...) (c) Fire safety. (d) First aid. (e) Safe food handling practices. (f) Confidentiality of records and resident information. (g) Infection control (including universal precautions and linen handling). (h) Resident rights. (i) Providing Quality Resident care	A23		

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A23	Continued From page 2 based on current resident need. (j) Reporting requirements for Abuse, Neglect or Exploitation. (12) A copy of License. (13) Employee personnel records, including an application for employment, TB certificates, training records, and personnel actions. (14) A copy of all WAIVERS/VARIANCES granted by the Licensing Authority. (15) A copy of the floor plans as approved for licensure. 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: (1) The use of tobacco and alcohol. (2) The use of the telephone. (3) Operation of television, radio, and stereo. (5) Use and safekeeping of personal property. (6) Meals. (7) Use of common areas. (8) Electric blankets or appliances used by residents. C. POLICIES AND PROCEDURES: All facilities shall have written policies and procedures covering the following areas: (1) Actions to be taken in case of accidents or emergencies, (e.g., gas leaks, injuries, transportation, medications,...). (2) Method of keeping informed when residents go outside of the facility (e.g., sign-out sheets). (3) The handling or resident's funds, if the facility provides such services. (4) Reporting of incidents, including abuse, neglect, and exploitation.	A23		

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A23	Continued From page 3 (5) Handling of complaints. (6) Staff and resident fire and safety training. (7) Smoking. (8) The facility's bed hold policy. (9) Admission agreement. (10) Admission records. (11) Resident records. (12) Program Narrative. (13) Information about the resident's right under New Mexico Law to make decisions regarding health care, including the right to make advance directives. (14) Personnel policies. (15) Identifying and safeguarding resident possessions. (16) Securing medical assistance if a resident's own physician is not available. (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. (18) Staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles. (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] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Refer to NMAC 7.8.2.23 FACILITY REPORTS/RECORDS/POLICIES AND PROCEDURES/ AND RULES:	A23		

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A23	Continued From page 4 Based on record review and staff interview, the facility failed to conduct fire drills at least quarterly on every shift to assure preparedness for emergency response. This deficient practice affects all staff and residents throughout the facility. The findings are: 1. Based on staff interview, the facility has three (3) nursing shifts: Day Shift (7 am - 3 pm) Evening Shift (3 pm - 11 pm) Night Shift (11 pm - 7 am) 2. A review of facility fire drill records with the Facility Manager on 11/29/06, at 9:25 am, revealed no record of fire drills for the following shifts: 2a. ~~No~~ not records were available for review between the date of 11/20/05 and 10/19/06 for the evening shift. 2b. The records indicated that only one fire drill, on 4/23/06, was conducted during the entire year of 2006 for the night shift. 2c. During interview at 10:20 am, the Facility Manager stated that fire drills will be conducted as required so that all shifts meet the required number of fire drills per month, not to exceed the 90-day spacing between drills on that shift. 2d. The Facility Manager and the Director of Maintenance acknowledged these findings at the exit conference on 11/29/06. Based on record review and staff interview, the facility failed to document the testing of the emergency lighting. This deficient practice affects all staff and residents throughout the facility. The findings are:	A23	The Administrator will ensure fire drills are conducted as required so that all shifts meet the required number of fire drills per month, not to exceed the 90day spacing between drills on that shift, effective 11/29/06.	11/29/06

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A23	Continued From page 5 3 A review of facility records with the Facility Manager on 11/29/06, at 9:35 am, revealed no records that the emergency lighting is being tested and documented as required. 3a. During interview with the Facility Manager, she stated that the maintenance man has not been documenting the testing of any of the emergency lights. 3b. During interview with the Director of Maintenance, he stated that he was checking the lights monthly, but that he has never documented his testing. 3c. The Facility Manager and the Director of Maintenance acknowledged these findings at the exit conference on 11/29/06, and they stated that the facility will make sure to document all future testing of the emergency lighting system.	A23	The Administrator will ensure the Maintenance Director tests the emergency lighting monthly and documents testing. Records to be maintained in the Administrators office, effective 11/29/06.	11/29/06
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,	A43		

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A43	Continued From page 6 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: 21700 (A) Based on observation and staff interview, the facility failed to assure that the fire alarm system and its components are maintained in accordance with NFPA 70 (National Electric Code) and NFPA 72 (National Fire Alarm Code) affecting patients and staff throughout the facility. The findings are: On November 29, 2006, during a tour of the facility with the Facility Manager, the Life Safety Code Surveyor observed the following: 1. Based on interview with the Facility Manager, she stated that most of the residents at the facility have dementia and that they are at risk of wondering off. 2. For security measures, a "lock down" system is installed on six (6) of six (6) exit doors. This system is designed to lock down doors entering and leaving the facility to prevent residents from wondering off. The system is overridden by the use of a key pad entry. In order to ensure all doors located in a means of egress release upon an emergency (with the activation of the fire alarm system) the surveyor initiated a fire drill to ensure complete release of all exit access doors. 3. Upon activation of the fire alarm system, the fire alarm sounded and all smoke compartment doors closed and positively latched. 3a. During the duration of the fire drill, all six (6) exit doors failed to open when tested. 3b. During interview with the Facility Manager, she stated that she was unaware of the doors not	A43	Dimar Systems rewired the relay and verified operation of door releases upon fire alarm activation.	12/11/06

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A43	Continued From page 7 releasing, but that she would call a professional to come and look at the system. 3c. At the time of the exit conference, the Facility Manager acknowledged the above finding and agreed to correct the problem.	A43		
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 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	A44		

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A44	Continued From page 8 by: Surveyor: 21700 7.8.2.44 HAZARDOUS AREAS: Based on observation and staff interview, the facility's practice failed to assure hazardous areas are 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 and separated by a fire resistive rating of not less than one-hour, affecting all residents and occupants within the facility. The findings are: On November 29, 2006, during a tour of the facility with the Facility Manager, the Life Safety code surveyor observed the following: 1. At 9:55 am, the water heater room did not have a self closing device or was not automatic closing upon the detection of smoke. 1a. During interview with the Facility Manager, she acknowledged the problem and she stated that a self closing device would be installed.	A44	The Maintenance Director will install self-closing devices on the water heater doors	1/10/07
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy	A45		

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A45	Continued From page 9 (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation, testing and staff interview,	A45		

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A45	Continued From page 10 the facility failed to assure mechanical ventilation is provided and maintained operational at all times. The findings are: On November 29, 2006, during a tour of the facility with the Facility Manager, the Life Safety Code Surveyor observed the following: 1. At 10:25 am, when tested the mechanical ventilation was not working within the beauty parlor. 1a. The Facility Manager acknowledged the finding, and she stated that the problem would be corrected.	A45	The mechanical ventilation was replaced in the beauty shop with a new unit.	12/13/06
A64	7 NMAC 8.2.64 SMOKING 7.8.2.64 SMOKING: A. 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. B. All designated smoking areas must be provided with suitable ashtrays. C. Residents must not be permitted to smoke in their sleeping rooms. 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] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation and staff interview, the facilities practice failed to ensure that self-closing	A64		

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A64	Continued From page 11 metal containers are provided for the disposal of cigarette butts. The findings are: On November 29, 2006, during a tour of the facility with the Facility Manager, the Life Safety Code surveyor observed the following. 1. The outside designated smoking area near the rear of the facility was provided with an acceptable ash tray. 1a. Based on observation, there was a coffee can on the table, located within the designated smoking area, that had several burnt cigarette butts in it. 1b. When asked why the proper ash tray was not being used, the Facility Manager stated that the previous night shift must have been using the coffee can instead.	A64	The Administrator will ensure staff use only suitable ash trays to dispose of cigarette butts.	11/29/06