

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111
---	--

(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	<p>OPENING REMARKS</p> <p>Surveyor: 14514 The following deficiencies were cited as a result of an annual Life Safety Code survey conducted on August 23, 2007 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.</p>	A 01		
A35	<p>7 NMAC 8.2.35 CUSTODIAL DRUG PERMIT</p> <p>7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit.</p> <p>A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee.</p> <p>(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.</p> <p>(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator</p>	A35	<p><i>ES</i> <i>Scanned</i> <i>10-17-07</i></p>	

Division of Health Improvement

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

Cham Petrus

TITLE

owner

(X6) DATE

9/30/07

STATE FORM

6899

UQZ721

OCT 15 2007

If continuation sheet 1 of 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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	
A35	Continued From page 1 temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator. (4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names. (5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so. (6) The facility may not require the resident to purchase prescriptions from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99. B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following: (1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic	A35			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A35	Continued From page 2 medications. [7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 A. PROCUREMENT, LABELING, AND STORAGE: (7) Medical Gases: 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. 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	A35		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A35	<p>Continued From page 3</p> <p>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.</p> <p>(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.</p> <p>(3) Enclosures for supply systems shall be provided with doors or gates that can be locked.</p> <p>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.</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>	A35		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A35	Continued From page 4 Based on observation and staff interview, the facility's practice failed to ensure storage of oxygen be in an approved location and in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association, affecting residents and staff throughout the facility. The licensed capacity of the facility is 46, the census during the survey was 45. The findings are: On August 22, 2007, between 9:00 am and 11:00 am, During a tour of the facility with the Administrator and the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. (a) Within the West Resident Hall, outside Resident Room 23 a/b, there were 8 racked oxygen "E" bottles being stored within the hallway. (b) The Maintenance Director stated that the oxygen is kept there for the convenience of the resident. (c) There was not any "oxygen in use" signage provided for this resident room as required. 2. (a) Within Resident Room 18 a/b located in the White Wing (east Resident Hall), there were 4 oxygen "E" bottles stored in a rack another 1 "E" bottle not racked next to an oxygen concentrator and an additional 3 "E" bottles stored horizontally under the resident's bed. (b) There was not any "oxygen in use" signage provided for this resident room as required. 3. (a) Within Resident Room 17 a/b located in the White Wing (east Resident Hall), there were 5 oxygen "E" bottles stored in the closet in a rack, and an additional "E" bottle not in a rack. There were also 5 "E" bottles stored horizontally under one of the resident's bed.	A35	Carefree Living now has a seperate oxygen room for tanks, with an exhaust fan, concrete floor and rated door and walls, ceiling that meet all the fire codes required by the fire marshal: The staff has been directed to have only the oxygen tank in use in the residents' room. No other area is permitted for oxygen tank storage except the designated oxygen tank room. All residents that use oxygen have (OXYGEN in USE) signs posted on their doors.. Staff has been directed to post these signs as needed.	Completed Aug. 30, 07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A35	Continued From page 5 (b) There was not any "oxygen in use" signage provided for this resident room as required. 4. (a) Within Resident Room 7 located in the White Wing (east Resident Hall), there were 6 oxygen "E" bottles stored in a rack. (b) At that time a staff person entered the room carrying an Oxygen "E" bottle in her arms and then proceeded to place the "E" bottle horizontally under the resident bed where there were already 9 oxygen "E" bottles stored horizontally. (c) There was not any "oxygen in use" signage provided for this resident room as required. 5. (a) When questioned if there was a dedicated area for storing oxygen within the facility separate from placing the oxygen in the resident rooms, both the Administrator and the Maintenance Director stated there was not a dedicated storage space for oxygen. (b) Both the Administrator and the Maintenance Director stated that they were not aware of the requirements for storage and handling of oxygen.	A35		
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.	A43		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LN B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A43	<p>Continued From page 6</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>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:</p> <p>Surveyor: 14514 Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 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 19.2.2.6. 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 and shutters in smoke barriers are self-closing or automatic closing in accordance with the requirements, 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 46 and the census was 45. The findings are:</p> <p>On August 22, 2007, between 9:00 am and 11:00 am, During a tour of the facility with the Administrator and the Maintenance Director, the Life Safety Code Surveyor observed the following:</p>	A43		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A43	Continued From page 7 1. Within the Dietary Kitchen, there was a door leading from the Kitchen to the activity room room. The door had a self-closing device but was being held open by the use of a wedge placed between the floor and the bottom edge of the door. 2. (a) Within the Dietary Kitchen, there was a service shutter, 72 inches wide by 44 inches high, dividing the Kitchen from the Dining area. This shutter could be closed manually if desired or in case of fire would be activated by heat actuated fusable link. The door was not connected to the alarm system and would not immediately close by activation of the alarm system in case of smoke, fire or other emergency. (b) The Administrator and a Kitchen staff person stated that during fire drills all doors tied to the fire alarm system closed upon activation of the alarm, but the shutter did not close, verifying that the shutter was not connected to the Fire Alarm System. 3. When tested, the double fire doors leading from the Dining Room to the White Wing (east Resident Hall) closed but did not latch.	A43	Completed 8/30/07 Wedge has been removed from kitchen door. Staff has been instructed not to wedge doors that must remain closed. Signs have been posted on all doors that fit this category, The 72" x 44" service shutter has been connected to the alarm system, so it will activate in case of smoke or fire.	
A61	7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM 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] This REQUIREMENT is not met as evidenced by: Surveyor: 14514	A61	Completed 8/30/07 The double doors to the white wing have been adjusted so that they latch firmly when activated to close.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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	<p>Continued From page 8</p> <p>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> <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. 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</p>	A61		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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 9 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 46 and the census was 45. The findings are: On August 22, 2007, between 9:00 am and 11:00 am, During a tour of the facility with the Administrator and the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. Within the Laundry Room, there were items stored throughout within 8 vertical inches of the sprinkler deflector. 2. Within the Maintenance Room, there were items stored within 8 vertical inches of the sprinkler deflector. 3. Both the Administrator and the Maintenance Director acknowledged these findings.	A61	Completed 8/30/07 All items closer than 18" from the ceiling have been removed from the laundry and maintenance rooms. Staff has been instructed to maintain this clearance in all required areas. 18" lines have been drawn as reminders .	
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the	A62		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIV B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A62	Continued From page 10 manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 Reference Tag B. OTHER FIRE FIGHTING EQUIPMENT: Reference NFPA 96, (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations) 1998 Edition 7-2.2* Automatic fire-extinguishing systems shall comply with standard UL 300, Fire Testing of Fire Extinguishing Systems for Protection of Restaurant Cooking Areas, or other equivalent standards and shall be installed in accordance with their listing. Exception: Automatic fire-extinguishing equipment provided as part of listed recirculating systems complying with standard UL 197, Standard for Safety - Commercial Electric Cooking Appliances. 7-2.2.1 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable. (a) NFPA 12, Standard on Carbon Dioxide Extinguishing Systems (b) NFPA 13, Standard for the Installation of Sprinkler Systems (c) NFPA 17, Standard for Dry Chemical Extinguishing Systems (d) NFPA 17A, Standard for Wet Chemical Extinguishing Systems	A62		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5647	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CAREFREE ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER CAREFREE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10916 JUAN TABO PLACE NE ALBUQUERQUE, NM 87111		
(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
A62	Continued From page 11 Based on observation, record review and staff interview, the facility's practice failed to ensure cooking facilities are protected and inspected in accordance with NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations), affecting residents, staff and occupants of the facility. The licensed capacity of the facility is 46, the census during survey was 45. The findings are: On August 22, 2007, between 9:00 am and 11:00 am, During a tour of the facility with the Administrator and the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. (a) Review of the latest Range Hood Extinguishing system inspection report dated August 1, 2007 indicated that the system did not sufficiently provide full coverage for the size of range. The recommendation was that an additional nozzle be provided and a 3 gallon suppression tank replace the current 1.5 gallon tank. (b) The previous two semi annual inspection reports stated the same recommendation. (c) The Administrator stated that he had not really read the reports. He stated that since inspection tags had be placed on the system after each inspection, that the system was operational, sufficient and had passed inspection.	A62	Completed 8/30/07 An additional nozzle has been installed under the range hood. The system now complies with UL 300 which permits a 1.5 gal. suppression tank for our equipment. Anew inspection report is forthcoming to this claim. <i>Chris Petropoulos (OWNER)</i> <i>WILL MONITOR FOR CONTINUED COMPLIANCE</i> <i>Respectfully Submitted</i> 	