

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5805	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ARBORS OF DEL REY (T- B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2009
NAME OF PROVIDER OR SUPPLIER ARBORS OF DEL REY (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 3731 DEL REY BLVD LAS CRUCES, NM 88012		
(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 annual survey conducted on August 5, 2009, 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; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]	A48		

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9/11/09
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Division of Health Improvement

Clara Faith Lester

TITLE *Executive Director*

(X8) DATE *8/26/09*

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

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If continuation sheet 1 of 5

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A48	Continued From page 1 This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation, record review and staff interview, the facility's practice failed to ensure that the emergency lighting system was installed and working as required. This deficient practice potentially affects all staff and residents throughout the facility. The licensed capacity of the facility was 24, the census during the survey was 22. The findings are: On July 7, 2009, between 8:30 am and 11:00 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. The exits of building were not equipped with emergency battery back-up light fixtures as required. 2. The Executive Director stated that emergency lighting with battery back-up would be installed.	A48	<i>7.8.2.48 Lighting E. All exits will have emergency backup lighting installed within 60 days of this date. The executive director ensure compliance effective 8/26/2009</i>	
A51	7 NMAC 8.2.51 Exits 7.8.2.51 EXITS: A. Each facility must have at least two (2) approved exits, that do not involve windows and which are remote from each other. At least one path of travel shall be provided that does not traverse any space exposed to unprotected vertical openings or common living spaces. B. Facilities with ten (10) or more residents shall have each exit clearly marked with signs having letters at least six inches (6") high whose principal strokes are at least 3/4 of an inch wide. Exit signs shall be visible at all times. C. Exits must be clear of obstructions at all	A51		

Division of Health Improvement

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A51	Continued From page 2 times. D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking. E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have sliding doors as required exits. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.51 NMAC - Rn, 7 NMAC 8.2.51, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation and staff interview, the facility failed to ensure exit and directional signs are displayed in accordance with NFPA 101, Section 5-10 with continuous illumination. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 24, the census during the survey was 22. The findings are: On March 19, 2009, between 8:30 am and 11:00 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. The exits located in the Jardin, Santos, Esperanza, and Suenos wings did not have an exit signage indicating that these doors were in fact exits from the facility in the event of an emergency. 2. The Executive Director stated that the deficiency would be corrected.	A51	7.8.2.51.B The facility will be equipped with Exit signs with lettering at least 6 inches high whose principal strokes are at least 3/4 inch wide. These signs will be installed on Suenos, Santos, Jardin, Esperanza within 60 days. They will indicate clearly the Exit from those sections of the building. Effective 8/26/09 The Executive Director will ensure compliance.	
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip	A60		

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A60	<p>Continued From page 3</p> <p>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:</p> <p>A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system.</p> <p>B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors.</p> <p>(1) Detectors shall be powered by the house electrical service and have battery back up.</p> <p>(2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room.</p> <p>(3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing.</p> <p>(4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on documentation review and staff interview, the facility's practice failed to ensure the fire alarm system and its components are inspected and maintained in accordance with (NFPA 72 H-1984,4-1), National Fire Alarm Code which requires sensitivity testing of the smoke detection devices be tested the first year</p>	A60		

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A60	<p>Continued From page 4</p> <p>after installation and every other year after until detectors fail. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility was 24, the census during the survey was 22. The findings are:</p> <p>On August 5, 2009, between 8:30 am and 11:00 am, during a review of the facility maintenance records with the, Executive Director, the Life Safety Code Surveyor observed the following.</p> <ol style="list-style-type: none"> 1. There was no evidence that sensitivity testing was ever performed on the smoke detectors. 2. The Executive Director acknowledged this finding at the exit conference. 	A60	<p>7.8.2.60</p> <p>Smoke detectors will have sensitivity testing completed by 9/7/09. Testing has been set up for 8/28/09. Executive Director will ensure compliance effective 8/26/09</p>	