

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2016
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NAME OF PROVIDER OR SUPPLIER BONNEY HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 802 EAST HILL STREET GALLUP, NM 87301
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(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 000	<p>Initial Comments</p> <p>A Life Safety Code survey was conducted at the Bonney Home ALF at 802 East Hill Street in Gallup, on 03/30/16. The facility was found not in substantial compliance with the Life Safety Code portion of the New Mexico State regulations governing Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC</p> <p>The building is of type V construction, non sprinklered. The census at the time of survey was six (6) clients.</p> <p>The Evacuation Score is 0.98 (Prompt). .</p> <p>In addition, a variance was requested to increase the capacity, by utilizing a room on the first level as a doble occupancy. The Egress Window is located 69 inches above the floor and does not meet the 5.7 sq. ft. requirement.. Variance is denied.</p>	A 000		
A 041	<p>7 NMAC 8.2.41 Building Construction</p> <p>BUILDING CONSTRUCTION: All building construction shall be based upon the facility occupancy in accordance with the state building code and fire codes, pursuant to 14.7 NMAC.</p> <p>A. New facilities. All new facilities, relocated into existing building(s) or remodeled facilities shall conform to the current edition of the state building code, accessibility code, mechanical code, plumbing code, fire code and the electrical code.</p> <p>(1) With regard to building height, allowable area or construction type, the state building code shall prevail.</p> <p>(2) Minimum construction requirements shall comply with all applicable state building codes.</p> <p>(3) A facility may share a building with another health care facility licensed by the department or</p>	A 041		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 041	<p>Continued From page 1</p> <p>other suitable facility with prior approval from the licensing authority.</p> <p>(4) Where there are conflicts between the requirements in the codes and the provisions of this rule, the most restrictive condition shall apply.</p> <p>B. Access for persons with disabilities. Facilities with four (4) or more residents shall provide accessibility to residents with disabilities in accordance with the state building code and the American Disabilities Act. Areas of specific concern are as follows:</p> <p>(1) the main entry into the facility and all required exits shall provide access to persons with disabilities;</p> <p>(2) the building shall allow access to persons with disabilities to all common areas;</p> <p>(3) at least one bedroom, for every eight (8) residents, shall have a door clearance of thirty-six (36) inches for access by persons with disabilities;</p> <p>(4) at least one toilet and bathing facility, for every eight (8) residents, shall have a minimum door clearance of thirty-six (36) inches for access by persons with disabilities; this toilet and bathing room shall provide a minimum sixty (60) inch diameter clear space to accommodate the turning radius of a wheelchair;</p> <p>(5) when ramps are used, each ramp shall have a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise; ramps exceeding a six (6) inch rise shall be provided with handrails on both sides of the ramp;</p> <p>(6) landings at doorways shall have a level area, at a minimum of five (5) feet by five (5) feet, to provide clear space for wheelchair maneuvering;</p> <p>(7) parking spaces shall provide access aisles with a minimum width of sixty (60) inches and ninety-six (96) inches for van parking; a minimum of one (1) van-accessible parking space with a</p>	A 041		

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A 041	<p>Continued From page 2</p> <p>minimum width of ninety-six (96) inches shall be provided;</p> <p>(8) an accessible route for persons with disabilities from the parking area to the main entrance(s) shall be provided; and</p> <p>(9) changes in elevation of one half inch (1/2 inch) or greater shall be sloped to a minimum of twelve (12) inches horizontal run for each one (1) inch of vertical rise.</p> <p>C. Construction drawings. Prior to commencement of all new construction, remodeling, relocations, additions or renovations to existing buildings; the facility shall submit preliminary plans and final construction drawings with specifications to the licensing authority for review and approval.</p> <p>(1) Building plans and specifications shall be submitted and approved by the department when:</p> <p>(a) construction for a new facility is proposed;</p> <p>(b) a building that has not previously licensed as a facility is proposed as a location for a facility;</p> <p>(c) any renovation that increases the number of beds is proposed;</p> <p>(d) any addition to an existing structure is proposed; or</p> <p>(e) any renovation to the existing structure is proposed, regardless of the size of the facility.</p> <p>(2) The codes that are in effect at the time of the submittal of building plans shall be the codes used through the end of the project.</p> <p>(3) Drawings and specifications shall be prepared for the architectural, structural, mechanical and electrical branches of work for each construction project and shall include the following:</p> <p>(a) the site plan(s) showing property lines, finish grade, location of existing and proposed structures, roadways, walks, utilities and parking areas;</p> <p>(b) the floor plan(s) showing scale drawings of</p>	A 041		

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A 041	<p>Continued From page 3</p> <p>typical and special rooms, indicating all fixed and movable equipment and major items of furniture;</p> <p>(c) the separate life safety plans showing the fire and smoke compartment(s), all means of egress and exit markings, exits and travel distances, dimensions of compartments and calculation and tabulation of exit units, all fire and smoke walls shall be graphically coded;</p> <p>(d) the exterior elevation of each facade;</p> <p>(e) the typical sections throughout the building;</p> <p>(f) the schedule of finishes;</p> <p>(g) the schedule of doors and windows;</p> <p>(h) the roof plans; and</p> <p>(i) the building code analysis.</p> <p>(4) For facilities with more than fifteen (15) residents: architectural drawings shall be stamped, signed and dated by a licensed architect registered in New Mexico. In addition to items listed in section (3) above, the drawings shall include the following:</p> <p>(a) the building code analysis; and</p> <p>(b) when an elevator is required, the details and dimensions of the elevator.</p> <p>(5) Structural drawings shall include the following:</p> <p>(a) a certification that all structural design and work are in compliance with all applicable local codes;</p> <p>(b) the plans of foundations, floors, roofs and intermediate levels that show a complete design with sizes, sections and the relative location of the various members; and</p> <p>(c) the schedules of beams, girders and columns.</p> <p>(6) Mechanical drawings shall include the following:</p> <p>(a) a certification that all mechanical work and equipment are in compliance with all applicable local codes and laws and that all materials are listed by recognized testing laboratories;</p> <p>(b) the water supply, sewage and heating,</p>	A 041		

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A 041	<p>Continued From page 4</p> <p>ventilation and air conditioning piping systems;</p> <p>(c) the heating, ventilating, HVAC piping and air conditioning systems with all related piping and auxiliaries, if any, to provide a satisfactory installation;</p> <p>(d) the water supply, sewage and drainage with all lines, risers, catch-basins, manholes and cleanouts clearly indicated as to location, size, capacities and location and dimensions of septic tank and disposal field;</p> <p>(e) the sprinkler head layout; and</p> <p>(f) the graphic coding (with a legend) to show supply, return and exhaust systems.</p> <p>(7) Electrical drawings shall include the following:</p> <p>(a) a certification that all electrical work and equipment are in compliance with all applicable local codes and laws and that all materials are currently listed by recognized testing laboratories;</p> <p>(b) all electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current and transformers when located within the building;</p> <p>(c) a fixture legend; and</p> <p>(d) a graphic coding (with a legend) to show all items on emergency power.</p> <p>(8) Include additional information as needed and requested by the licensing authority.</p> <p>(9) Final working drawings and specifications shall be accurately dimensioned and include all necessary explanatory notes, schedules, legends and have all rooms labeled. The working drawings and specifications shall be complete and adequate for contract purposes.</p> <p>(10) One set of final plans shall be submitted to the licensing authority for review and approval prior to the commencing of construction. All construction shall be executed in accordance with</p>	A 041		

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A 041	<p>Continued From page 5</p> <p>the approved final plans and specifications.</p> <p>(11) Review and approval of building plans by the licensing authority does not eliminate responsibility of the applicant to comply with all applicable laws, rules and ordinances.</p> <p>(12) The final approval of building plans and specifications shall be acknowledged in writing by the licensing authority.</p> <p>(13) The approved building plans shall be kept at the facility and readily available at all times.</p> <p>D. Fire resistance. Required building construction and fire resistance shall be in accordance with the state building code and the fire code. Facilities with nine (9) or more residents shall be protected throughout by an approved automatic fire protection (sprinkler) system.</p> <p>E. Prohibition of mobile homes. For facilities with four (4) or more residents, trailers and mobile homes shall not be used.</p> <p>F. Construction. Construction shall commence within one hundred eighty (180) calendar days of the date of receipt of approval (unless a written extension is requested by the facility and approved by department). This approval shall in no way permit or authorize any omission or deviation from the requirements of any restrictions, laws, ordinances, codes or standards of any regulatory agency. [7.8.2.41 NMAC - Rp, 7.8.2.41 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide Handicapped Access/Egress (exiting to the public way) from street level to the second level main entrance and access to the rear yard from the front of the building. There is an exit on the north side rear</p>	A 041		

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A 041	<p>Continued From page 6</p> <p>but, if a fire or other emergency is in the rear of the facility clients and staff would not be able to use this exit. This lack of Handicap Access/Egress has the potential to harm by fire/smoke, all six clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 2:50 pm, observation of a set of eight concrete stairs leading from street level to the second level and, four additional steps to reach the main entrance without Handicapped ramps.</p> <p>B. On 03/30/16 at 2:52 pm, observation of four additional steps along the sidewalk on the north side leading to the back yard area of refuge.</p> <p>C. On 03/30/16 at 2:54 pm, during interview, the Assistant Manager stated they use the rear entrance on the north side to egress in the event of an emergency, however, she acknowledged this finding.</p> <p>Based on observation and staff interview, the facility failed to provide Handicapped access for the interior stairs leading from the second level to the first level. This failed practice may delay egress (exiting to a public way) for clients in the event of a fire or other emergency and, not allow clients residing on the first level to go to the dining room for meals. This affects all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 3:10 pm, observation of there being no handicap access/egress capability for the interior stairway between the first and second level.</p>	A 041		

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A 041	Continued From page 7 B. On 03/30/16 at 3:15 pm, during interview, the Assistant Manager stated there was no need for handicap access on the interior stairs but, she did acknowledge this finding.	A 041		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire	A 043		

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A 043	<p>Continued From page 8</p> <p>resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the furnace/hot water heater room on the first level does not have incoming combustion air for the gas fired furnace and hot water heater. This failed practice has the potential to allow the build up of carbon monoxide gas and other products of incomplete combustion. This failed practice may allow the carbon monoxide and other gases to spread into the home, which the potential of death to staff and six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 3:20 pm, observation of there being no combustion air provided for the gas fired furnace and hot water heater appliances.</p> <p>B. On 03/30/16 at 3:21 pm, during interview, the Assistant Administrator stated she was not aware of this problem, acknowledging this finding.</p> <p>Based on observation and interview, the facility failed to ensure the furnace/hot water heater room was constructed with a one hour fire rating, that there were no penetrations in the ceiling/walls of this room and, the door to this room is a solid core 1 3/4 inch thick door with a self closing device. This failed practice would allow the rapid spread of fire, in the event of a fire within the appliances. This has the potential</p>	A 043		

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A 043	Continued From page 9 to harm all six (6) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. On 03/30/16 at 3:25 pm, observation of the gas fired appliance room not being of a one hour fire rated construction. B. On 03/30/16 at 3:28 pm, observation of penetrations located at the ceiling level along the east and south walls. C. On 03/30/16 at 3:30 pm, observation of a non approved hollow core door without a self closing device on the furnace/hotwater heater room. D. On 03/30/16 at 3:35 pm, the Assistant Manager stated she was unaware of the condition of the furnace room, acknowledging these findings.	A 043		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall 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 shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering.	A 047		

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A 047	<p>Continued From page 10</p> <p>E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service.</p> <p>F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all battery powered emergency lighting devices (3) were functioning. This failed practice will leave all levels in darkness in the event of an electrical failure/power outage, which has the potential to harm by falls and delayed evacuation to all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 3:35 pm, observation and testing of, the battery powered emergency lighting device on the upper level corridor was not functioning.</p> <p>B. On 03/30/16 at 3:37 pm, observation and testing of, the battery powered emergency lighting device on the stairs leading to the lower level was not functioning.</p> <p>C. On 03/30/16 at 3:39 pm, observation and testing of, the battery powered emergency lighting device on the first level corridor was not functioning.</p>	A 047		

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A 047	Continued From page 11 D. On 03/30/16 at 3:41 pm, during interview, the Assistant Manager confirmed these findings.	A 047		
A 048	7 NMAC 8.2.48 Electrical System ELECTRICAL SYSTEM: A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances shall be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords shall not be used. The use of a multi-socket united laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) feet in length is permitted for the intended purpose and not as an extension cord. [7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: NFPA 70 National Electric Code 210.8 Ground Fault Circuit Interrupter Protection for Personnel 210.8 (B) Other than dwelling units. All 125 volt, single phase, 15 and 20 ampere receptacles installed in the locations specified in 210.8 (B)(1) through (8) shall have ground fault circuit interrupter protection for personnel. (1) Bathrooms (2) Kitchens	A 048		

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A 048	<p>Continued From page 12</p> <p>(3) Rooftops (4) Outdoors</p> <p>Exception 1: to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow melting, de-icing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22 as applicable.</p> <p>Exception 2: to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B) (2) shall be permitted for only those receptacles outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 6 ft. of the outside edge of the sink.</p> <p>Exception 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas</p>	A 048		

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A 048	<p>Continued From page 13</p> <p>where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>314.25: Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B)</p> <p>406.5(F): Receptacles shall be enclosed so that live wiring terminals are not exposed to contact.</p> <p>Based on observation and interview, the facility failed to provide a Ground Fault Circuit Interrupter Outlet (GFCI) in five locations and failed to ensure that wall out outlet covers were not broken and in place. This failed practice may result in potential harm by electric shock, to staff and all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 3:31 pm, observation of the washing machine in the laundry room plugged into a standard wall outlet, on the upper level.</p> <p>B. On 03/30/16 at 3:33 pm, observation of no GFCI outlet in the kitchen near the sink, on the upper level.</p> <p>C. On 03/30/16 at 3:34 pm, observation of and testing, the GFCI outlet in the bathroom on the upper level is not functioning.</p> <p>D. On 03/30/16 at 3:35 pm, observation of the cover plate for the wall outlet in the rear client room, on the upper level is missing.</p> <p>E. On 03/30/16 at 3:44 pm, observation of no</p>	A 048		

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A 048	Continued From page 14 GFCI outlet in the kitchen near the sink, on the lower level. F. On 03/30/16 at 3:45 pm, observation of and testing, the GFCI outlet in the rear bathroom on the first level, is not functioning. G. On 03/30/16 at 3:50 pm, The Assistant Manager confirmed these findings.	A 048		
A 049	7 NMAC 8.2.49 Doors 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 these devices are operable from the inside, by any occupant, 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, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing authorities having jurisdiction. B. All exit doors shall have a minimum width of thirty-six (36) inches. (1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward. (2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors.	A 049		

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A 049	<p>Continued From page 15</p> <p>(3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide.</p> <p>C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction.</p> <p>D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities.</p> <p>E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside.</p> <p>F. All doors shall readily open from the inside.</p> <p>G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms. [7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the locking devices on all exit doors were in the unlocked position and does not require the use of a key, a special device or special knowledge to unlock these locks in the event of an emergency. There is only one motion to egress (path to a public way) through these doors. This has the potential to prevent evacuation and may harm by fire/smoke, all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 2:20 pm, observation of the second level main entrance/exit, there are a dead bolt and thumblock on the main door and the metal screen door. These devices require three motions to exit.</p>	A 049		

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A 049	Continued From page 16 B. On 03/30/16 at 2:40 pm, observation of dead bolt and thumb lock on the second level exit door on the north side rear. These devices require three motions to exit. C. On 03/30/16 at 2:43 pm, observation of first level main entrance/exit, there are dead bolt and thumb lock on the main door and metal screen door. These devices require three motions to exit. D. On 03/30/16 at 2:45 pm, observation of the door separating the first level, there is a keyed deadbolt and thumb lock. These devices require three motions to exit. E. On 03/30/16 at 4:30 pm, the Assistant Manager confirmed these findings.	A 049		
A 050	7 NMAC 8.2.50 Exits EXITS: A. The facility shall have at least two (2) approved exits, that do not involve windows and which are remote from each other. B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. C. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. D. Exits shall be clear of obstructions at all times. E. Exits, exit paths, or means of egress shall not pass through hazardous areas, garages, storerooms, closets, utility rooms, laundry rooms, bedrooms, or spaces subject to locking.	A 050		

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A 050	<p>Continued From page 17</p> <p>F. For facilities with four (4) or more residents, sliding doors are not acceptable as a required exit. EXCEPTION: Assisted living facilities with three (3) or fewer residents may have sliding doors as required exits.</p> <p>G. When the yard gate(s) is part of the exit access and is locked, the gate shall be connected to the fire protection system and release upon activation of the fire/smoke system or shall have the ability to be unlocked at the gate site. [7.8.2.50 NMAC - Rp, 7.8.2.51 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure there are two approved exits for the second level and for the first level. This failed practice would delay egress (path to a public way) in the event of a fire or other emergency, with the potential harm by fire/smoke to all six (6) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 at 2:20 pm, observation of the second level main entrance/exit, not handicapped accessible.</p> <p>B. On 03/30/16 at 2:25 pm, observation of the secondary exit for the second level, clients must pass through the laundry room to exit.</p> <p>C. On 03/30/16 at 2:30 pm, observation of the secondary exit on the first level, it is covered by a sheet, clients must pass through a resident room to exit.</p> <p>D. On 03/30/16 at 4:47 pm, the Assistant</p>	A 050		

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A 050	Continued From page 18 Manager confirmed these findings.	A 050		
A 060	<p>7 NMAC 8.2.60 Fire Clearance and Inspections</p> <p>FIRE CLEARANCE AND INSPECTIONS: A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal ' s office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that annual fire inspections by the local Authority having jurisdiction has been conducted. There has not been a fire inspection since August, 2011. This failed practice has the potential to allow fire and life safety hazards to develop leading to the potential harm by fire/smoke all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. Record review of the annual fire inspections by</p>	A 060		

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A 060	Continued From page 19 the local Fire Marshal revealed: no records since August 2011, indicating there has been no fire inspection by the local Fire Marshal. B. On 03/30/16 at 4:48 pm, the Assistant Manager confirmed this finding.	A 060		
A 061	7 NMAC 8.2.61 Fire Alarms, Smoke Detectors and Other Equip FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. Fire alarm system. Facilities with four (4) or more residents shall have a manual fire alarm system. The manual fire alarm shall be inspected and approved in writing by the fire authority with jurisdiction. B. Smoke and heat detection. Approved smoke detectors shall be installed on each floor that when activated provides an alarm which is audible in all sleeping areas. Areas of assembly, such as the dining and living room(s) must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (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. (3) Smoke detectors shall be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all kitchens and also powered by the house electrical service. [7.8.2.61 NMAC - Rp, 7.8.2.60 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 061		

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A 061	<p>Continued From page 20</p> <p>by: Based on observation, testing and interview, the facility failed to provide an approved Fire Alarm and Detection system as required by State Regulations and NFPA 72 National Fire Alarm Code. In the event of a power failure the existing alarm mode will not function in the event of a fire and not having heat/smoke detection, allows a delay in notification of a fire to initiate evacuation. This has the potential to harm by fire/smoke all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16, between 2:20 pm and 2:40 pm, observation of a wall switch connected to the house electricity to activate a bell at each exit from the facility, to be activated by staff in the event of a fire. This alarm mode does not have battery back up in the event of a power failure.</p> <p>B. On 03/30/16 between 2:20 pm and 4:00 pm, observation of no heat detectors in the kitchens and furnace room and, no smoke detectors throughout the facility.</p> <p>C. On 03/30/16 at 4:50 pm, the Assistant Manager stated the switches at each exit are painted red and labeled fire alarm and the staff and activate the switch in the event of a fire. She did acknowledge these findings.</p>	A 061		
A 063	<p>7 NMAC 8.2.63 Fire Extinguishers</p> <p>FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction.</p> <p>A. Facilities must as a minimum have two (2)</p>	A 063		

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A 063	<p>Continued From page 21</p> <p>2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet.</p> <p>B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain all portable fire extinguishers in accordance with NFPA 10 Standard for Portable Fire Extinguishers. This failed practice may result in the failure of the portable fire extinguishers to operate, in the event of a fire. This has the potential to harm all six (6) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. On 03/30/16 between 2:45 pm and 3:45 pm, observation of all portable fire extinguishers not being serviced annually by an authorized contractor and, not inspected monthly by staff.</p> <p>B. On 03/30/16 at 4:52 pm, during interview, the Assistant Manager acknowledged these findings.</p>	A 063		

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A 065	Continued From page 22	A 065		
A 065	<p>7 NMAC 8.2.65 Fire Drills</p> <p>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.</p> <p>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:</p> <ol style="list-style-type: none"> (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. <p>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills on tour 2. This failed practice may render the staff untrained to activate the alarm, notify the fire department and conduct a safe evacuation in the event of a fire or other emergency. This has the potential to harm, by fire/smoke all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>The facility has two staff tours:</p>	A 065		

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A 065	Continued From page 23 Tour 1: 6 am to 6 pm Tour 2: 6 pm to 6 am A. Record review of the fire drill records, there were no records available to indicate fire drills were conducted on tour 2. B. On 03/30/16 at 4:53 pm, the Assistant Manager acknowledged this find.	A 065		
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff shall be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night.	A 066		

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A 066	<p>Continued From page 24</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced.</p> <p>(3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide annual Fire and Disaster training to staff and clients. This failed practice may render the staff untrained in fire and disaster incidents. This has the potential to harm, by fire/smoke and delayed evacuation all six (6) clients, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are:</p> <p>A. Record review of the training records indicated there were no records available documenting that staff received annual Fire and Disaster training.</p> <p>B. On 03/30/16 at 4:56 pm, the Assistant Manager acknowledged this finding.</p>	A 066		