

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/02/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD LIFE SENIOR LIVING AND MEMORY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W CHERRY LANE</b> <b>CARLSBAD, NM 88220</b>
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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}	Initial Comments  The following deficiencies were recited as a result of a revisit survey conducted on 02/02/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.	{A 000}		
{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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{A 043}	<p>Continued From page 1</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: The following is a repeat deficiency for the survey dated 04/28/16. Refer to 7.8.2.43 B.</p> <p>Based on observation and interview, the facility failed to ensure that holes in a hazardous area (fuel fired water heater room) in the ceiling, were properly sealed with approved fire suppression material. This deficient practice presents a risk to all 12 (R #1-12) residents as identified on the resident census list provided by the Administrator on 02/01/17 and all occupants of the building, from smoke and fire passing through the fire rated ceiling in the event of a fire. The findings are:</p> <p>A. On 02/02/17 at 9:30 am, during a tour of the facility with the head of maintenance, it was observed that one of the combustion air vents to the hot water heater room was open into the attic, which is a pathway for fire and smoke to spread through the attic in the event of a fire in this hazardous area.</p> <p>B. On 02/02/17 at 9:30 am, during an interview with the head of maintenance, he confirmed that one of the combustion air vents to the hot water heater room is still open into the attic.</p>	{A 043}		

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{A 062}	Continued From page 2	{A 062}		
{A 062}	<p>7 NMAC 8.2.62 Automatic Fire Protection (Sprinkler) System</p> <p><b>AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM:</b> Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with NFPA 13 or NFPA 13D or its subsequent replacement as applicable. [7.8.2.62 NMAC - Rp, 7.8.2.61 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.62 &amp; National Fire and Protection Association (NFPA) 13</p> <p>Reference NFPA 13</p> <p>Section 1-6.1 states that a building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas.</p> <p>Section 8.15.7.1 Unless the requirements of 8.15.7.2, 8.15.7.3, or 8.15.7.4 are met, sprinklers shall be installed under exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding 4 ft (1.2 m) in width.</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.</p>	{A 062}		

Division of Health Improvement

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{A 062}	<p>Continued From page 3</p> <p>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>Reference NFPA 25, 1-4.4 The owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor.</p> <p>The following is a repeat deficiency for the survey dated 04/28/16.</p> <p>Based on observation and interview, the facility failed to ensure the roof on the front resident porch was protected from fire by the automatic fire sprinkler system in accordance with NFPA 13, (Standard for the Installation of Sprinkler Systems). Not providing sprinklers in all required areas could result in the spread of fire from this area to the resident rooms and/or other areas of the facility, which presents the risk of potential harm or death to all 12 (R #s 1-12) residents, as identified by the resident census list provided by the Administrator on 02/01/17, and all occupants of the building in the event of a fire. The findings are:</p> <p>A. On 02/01/17 at 1:50 pm, during observation, the roof on the front resident porch, was not protected from fire by the automatic fire sprinkler system.</p>	{A 062}		

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{A 062}	Continued From page 4  B. On 02/028/16 at 1:55 pm, during an interview with the Administrator, he confirmed the facility front porch did not have sprinklers to protect against the spread of fire.	{A 062}		
{A 065}	7 NMAC 8.2.65 Fire Drills  FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. 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. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (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. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: The following is a repeat deficiency for the survey dated 04/28/16. Refer to 7.8.2.65 A. & B. (5)  Based on record review and interview, the facility failed to complete the following:	{A 065}		

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{A 065}	<p>Continued From page 5</p> <ol style="list-style-type: none"> <li>1. Fire drills on each shift for each quarter for the past seven months;</li> <li>2. Monthly fire drills; and</li> <li>3. Evacuation of residents during the drills.</li> </ol> <p>This failed practice may result in the staff not being prepared to carry out a safe evacuation of residents and notification of the fire department in the event of a fire. This has the potential to harm or death to all 12 (R #s 1-12) residents, as identified on the resident census list provided by the Administrator on 02/01/17 and all occupants of the building. The findings are:</p> <p>A. Record review of the facility's fire drill records revealed the following:</p> <ol style="list-style-type: none"> <li>1. Dates and times of the fire drills for the last seven months revealed there were no fire drills during the 7:00 am to 3:00 pm shift for May through October, 2016, a period of 6 months;</li> <li>2. No documentation of a fire drill for the month of July, 2016 for all shifts;</li> <li>3. No documentation that evacuation of the residents was done during the drills.</li> </ol> <p>B. On 02/02/17 at 2:40 pm, during an interview the Administrator confirmed that the fire drills were not completed monthly or during each shift quarterly, and the Assistant Administrator acknowledged that evacuation of the residents had not been done.</p>	{A 065}		
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