

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - BEEHIVE HOMES OF ROSWELL</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEEHIVE HOMES OF ROSWELL, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2903 NORTH WASHINGTON ROSWELL, NM 88201</b>
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A 01	<p><b>OPENING REMARKS</b></p> <p>The following deficiencies are cited as a result of a Life Safety Code survey conducted on February 24, 2010, for New Mexico Requirements for Adult Residential Care Facilities 7.8.2 NMAC.</p>	A 01		
A60	<p><b>7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip</b></p> <p><b>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:</b></p> <p><b>A. FIRE ALARM SYSTEM:</b> 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.</p> <p><b>EXCEPTION:</b> Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system.</p> <p><b>B. SMOKE AND HEAT DETECTION:</b> 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</p>	A60		

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

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A60	<p>Continued From page 1</p> <p>by: Based on observation and staff interview, the facility failed to ensure smoke detectors are provided in areas of assembly and corridors. This deficient practice has the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility is 16. The census during the survey was 15. The findings are:</p> <p>A. On 02/24/10, during a tour of the facility with the House Manager the Life Safety Code surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1. At 11:15 am, the surveyor observed the living room ceiling was substantially higher than the ceilings within corridors and vestibules leading into resident rooms. These corridors and vestibules, which opened into the living room, were provided with smoke detectors. However, smoke detectors were not provided on the higher portion of the living room's ceiling.</li> <li>2. At 11:20 am, the surveyor observed the dining room was not provided with smoke detectors.</li> <li>3. At 11:25 am, the surveyor observed the corridor which serves resident rooms 13-15, was not provided with a smoke detectors.</li> <li>4. At 11:27 am, the House Manager stated additional smoke detectors would be provided if required.</li> <li>5. On 02/24/10 at 11:30 am, the House Manager acknowledged the above findings at the exit conference.</li> </ol>	A60		
A64	<p>7 NMAC 8.2.64 Smoking</p> <p>7.8.2.64 SMOKING: A. Smoking by residents and staff must only be done in supervised areas designated by the</p>	A64		

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A64	<p>Continued From page 2</p> <p>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.</p> <p>B. All designated smoking areas must be provided with suitable ashtrays.</p> <p>C. Residents must not be permitted to smoke in their sleeping rooms.</p> <p>D. Smoking must not be permitted where oxygen is in use or stored.</p> <p>[9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7 NMAC 8.2.64, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure containers and ashtrays of noncombustible material and safe design are provided at all designated smoking areas. This deficient practice has the potential to affect those residents, staff and occupants who smoke. The findings are:</p> <p>A. On 02/24/10 at 11:00 am, during a tour of the facility's designated smoking area with the House Manager, the surveyor observed noncombustible ashtrays were not provided for the disposal of cigarette ashes and a metal container was not provided for the disposal of cigarette butts and ashes.</p> <p>1. At this time, the House Manager stated noncombustible ashtrays and a metal container would be provided at the smoking area.</p> <p>2. On 02/24/10 at 11:30 am, the House Manager acknowledged the above findings at the exit conference.</p>	A64		

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A66	<p>7 NMAC 8.2.66 Related Regulations &amp; Codes</p> <p>7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows:</p> <p>A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96).</p> <p>B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96).</p> <p>C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Reference. International Fire Code (IFC) 2009 Edition; 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service.</p> <p>When utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.</p> <p>Where a required fire alarm system is out of</p>	A66		

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A66	<p>Continued From page 4</p> <p>service for more than 4-hr in a 24-hr period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shut down until the fire alarm system has been returned to service.</p> <p>Based on record review and staff interview, the facility failed to provide written policies and procedures in the event the fire alarm system and/or the sprinkler system is out of service for more than 4-hours within a 24-hour period. This deficient practice has the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility is 16. The census during survey was 15. The findings are:</p> <p>A. On 02/24/10 at 10:30 am, review of the facility's fire policies and procedures with the House Manager revealed no evidence written policies and procedures were in place in the event the fire alarm system and/or the sprinkler system was out of service longer than the allotted time.</p> <ol style="list-style-type: none"> <li>1. At this time, the House Manager stated, "We were not aware of this requirement but it's not a problem putting it in writing."</li> <li>2. No further records were available for review.</li> <li>3. On 02/24/10 at 11:30 am, the House Manager acknowledged the above findings at the exit conference.</li> </ol>	A66		