

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/12/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENIOR LIVING SYSTEMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031</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	<p>Initial Comments</p> <p>A life safety code survey was conducted at Senior Living Systems Building 2 on 01/11/18 - 01/12/18 due to a complaint. The survey was in accordance with 7.8.2 NMAC Assisted Living Facilities for Adults. At this life safety code survey the facility was found not in substantial compliance with 7.8.2 NMAC Assisted Living Facilities for Adults</p> <p>Senior Living Systems is a Type V construction, one story and not sprinklered. The reported census was 15 residents. The licensed capacity is 15 residents.</p> <p>Commercial kitchen equipment was installed in 1996 A restaurant addition was constructed in 2002.</p> <p>The findings that follow demonstrate noncompliance with 7.8.2 NMAC Assisted Living Facilities for Adults.</p> <p>A Fire Safety Evaluation System was performed by the house manager in the presence of the Assisted Living Facility (ALF) team on 01/05/18 E-Score was 1.56 - SLOW</p> <p>Building is not sprinklered. A waiver was granted on 03/29/99. COMMENTS: "This waiver ends when the license expires or if the evacuation rating changes." ACTION: "Approved as a waiver"</p>	A 000		
A 047	<p>7 NMAC 8.2.47 Lighting and Lighting Fixtures</p> <p>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</p>	A 047		

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

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A 047	<p>Continued From page 1</p> <p>clearly visible.</p> <p>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.</p> <p>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.</p> <p>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.</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.</p> <p>[7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.47 Lighting and Lighting Fixtures: 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.</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 services.</p> <p>Based on record review and interview, the facility</p>	A 047		

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A 047	Continued From page 2  failed to ensure emergency lights are being tested annually for a duration of 90 minutes. Not testing the emergency lighting for 90 minutes may result in emergency lights not functioning and not provide a clear path to the nearest exit during a power outage and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:  A. Record review of the emergency lighting revealed no evidence the emergency lighting was being tested annually for a minimum of 90 minutes.  B. On 01/11/18 at 10:20 am, during interview, the administrator acknowledged the finding.	A 047		
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.	A 049		

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A 049	<p>Continued From page 3</p> <p>B. All exit doors shall have a minimum width of thirty-six (36) inches.</p> <p>(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.</p> <p>(2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors.</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: 7.8.2.49 Doors: B. (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.</p> <p>Based on observation and interview, the facility failed to ensure front exit doors swing outward. Not providing outward swinging doors at exits may result in resident not exiting in a timely</p>	A 049		

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A 049	Continued From page 4  manner during an emergency and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:  A. On 01/11/18 at 11:45 am, during observation of the front exit doors, both interior and exterior set of airlock doors swing inward.  B. On 01/11/18 at 11:50 am, during interview, the administrator acknowledged the finding.	A 049		
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,	A 061		

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A 061	<p>Continued From page 5 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.63 Fire Alarms, Smoke detectors and other equipment: B. 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.</p> <p>Based on record review and interview, facility failed to ensure smoke detectors were tested for sensitivity every two (2) years as required. Not testing smoke detectors for proper sensitivity levels could result in the delay of detecting a fire due to a faulty smoke detector. This failed practice presents a risk to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:</p> <p>C. Record review of the fire alarm system revealed no sensitivity testing had been conducted within the last two (2) years.</p> <p>D. On 01/11/18 at 9:45 am, during interview, the administrator acknowledged the finding.</p> <p>Reference National Fire Protection Association (NFPA) 96, 2011 Edition</p>	A 061		

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A 061	<p>Continued From page 6</p> <p>11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems.</p> <p>11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months.</p> <p>Based on record review and interview, the facility failed to ensure the fire-extinguishing system and exhaust hood was being inspected every 6 months as required by NFPA 96, (Inspection, Testing, and Maintenance of Fire-Extinguishing). In the event of fire at the cooktop location, the fire extinguishing system and exhaust system could be ineffective, which presents a risk of potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:</p> <p>A. Record review of range hoods maintenance records failed to ensure the cooking equipment was being inspected every 6 months. Records revealed that the range hood was inspected on 01/13/17. No other inspection records were available for review.</p> <p>B. On 01/11/18 at 2:20 pm, during interview, the administrator acknowledged the finding.</p>	A 061		

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A 061	<p>Continued From page 7</p> <p>Reference: National Fire Protection Association (NFPA) 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011 Edition)</p> <p>11.7 Cooking Equipment Maintenance.</p> <p>11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons.</p> <p>11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or charbroilers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person acceptable to the authority having jurisdiction.</p> <p>Based on interview and record review of commercial cooking equipment (appliances), facility failed to ensure an annual inspection and servicing of cooking equipment had been conducted. Not having the commercial cooking equipment serviced annually, could result in a fire due to the failure of the equipment. This failed practice presents a risk of potential harm by fire to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:</p> <p>A. Record review of the kitchen equipment service record indicated no annual servicing of the cooking equipment had been conducted.</p> <p>B. On 01/11/18 at 2:25 pm, during interview the administrator acknowledged the finding.</p>	A 061		

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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: 7.8.2.62 Automatic fire protection (sprinkler) system: Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with National Fire Protection Association (NFPA) 13 or NFPA 13D or its subsequent replacement as applicable.</p> <p>Based on observation and interview, the facility failed to ensure a sprinkler system was installed. Not providing a sprinkler system may result in residents not getting adequate protection for evacuation during a fire and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:</p> <p>A. On 01/11/18 at 1:30 pm, during observation, the building was not provided with a sprinkler system. A waiver was granted on 03/29/99. COMMENTS: "This waiver ends when the license expires or if the evacuation rating changes." ACTION: "Approved as a waiver"</p>	A 062		

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A 062	Continued From page 9  B. A Fire Safety Evaluation System was performed by the house manager in the presense of the Assisted Living Facility (ALF) team on 01/05/18 E-Score was 1.56 - SLOW  B. On 01/11/18 at 1:35 pm, during interview, the administrator acknowledged the finding.	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:	A 065		

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A 065	<p>Continued From page 10</p> <p>7.8.2.65 Fire Drills: All facilities shall conduct monthly fire drills which are to be documented.</p> <p>D. There shall be at least one (10 documented fire drill per month and 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>E. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drills records shall show:</p> <p>(6) The date of the drill; (7) The time of the drill; (8) The number of staff participating in the drill; (9) Any problem noted during the drills (10) The evacuation time in total minutes</p> <p>F. If applicable, the local fire department may be requested to supervise and participate in fire drills.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted at least quarterly on each shift to ensure preparedness for emergency response. This failed practice could likely result in staff not being adequately prepared to exercise their duties in accordance to the facility's fire preparedness plan in the event of fire, which presents a risk of potential harm to all fifteen (15) residents as identified by the census on 1/11/18. The findings are:</p> <p>A. Record review of the fire drill log indicated the facility had three shifts:</p> <p>First Shift: (7:00 am - 3:00 pm) Second Shift: (3:00 pm - 11:00 pm) Third Shift: (11:00 pm - 7:00 am)</p>	A 065		

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A 065	<p>Continued From page 11</p> <p>B. Record review of the fire drill log revealed that there were no fire drills conducted on the second shift between December 2016 and June 2017. No drills conducted between June 2017 and October 2017.</p> <p>C. Record review of the fire drill log revealed that there were no fire drills conducted on the third shift between September 2017 and January 2018.</p> <p>D. On 01/11/18 at 11:45 am, during interview the administrator acknowledged the findings.</p>	A 065		