

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ARISTOCRAT OF ALAMO B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2007
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310		
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A 01	OPENING REMARKS Surveyor: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 11/15/07 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A50	7 NMAC 8.2.50 DOORS 7.8.2.50 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 such devices are operable from the inside 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, then the locks must: (1) unlock upon activation of the fire detection or sprinkler system, (2) unlock upon loss of power in the facility. The facility must have written approval from the building and fire authorities having jurisdiction prior to installing such locking devices. (3) Locks on doors to toilets shall be capable of being released from the outside. All doors shall readily opened from the inside. B. All exit doors must have a minimum width of thirty-six (36) inches. (1) Exit doors leading to the outside of the facility with a capacity of ten (10) or more residents must open outward. (2) Facilities with a capacity of fifty (50) or more must provide panic hardware at exits. C. All resident sleeping room doors must be at least 1 3/4" solid core. No door or path of	A50		

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Division of Health Improvement

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

Juanne Gonzales ED

TITLE

(X6) DATE

12-12-07

STATE FORM

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If continuation sheet 1 of 10

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A50	Continued From page 1 travel to a means of egress shall be less than twenty (28) inches wide. (See additional requirements for handicap access; at least one bedroom door must be thirty-four (34) inches wide for wheelchair access) EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have 1 3/4" solid core doors. D. Bathroom doors may be twenty-four (24) inches. (See additional requirements for handicap access; at least one bathroom door must be thirty-four (34) inches wide for wheelchair access) EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have thirty-four (34) inch doors for wheelchair access. [9-24-76, 7-11-86, 4-7-97; 7.8.2.50 NMAC - Rn, 7 NMAC 8.2.50,8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on observation and staff interview, the facility failed to ensure exits are provided with approved locking hardware. This deficient practice affects residents, staff and occupants of the facility. The licensed capacity of the facility is 40, the census during survey was 18. The findings are: 1. On 11/15/07 at 1:45 pm, during a tour of the facility with the Activities/Executive Director, the surveyor observed the northwest exit door located near resident room #24 was locked with the use of a dead bolt lock and openable only by the use of a key. a. The northwest exit door is part of a designated means of egress.	A50		

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A50	<p>Continued From page 2</p> <p>b. During interview at this time, the Activities/Executive Director stated, "the dead bolt will be removed and the appropriate locking hardware will be installed immediately."</p> <p>c. The Acting Administrator acknowledged these findings at the exit conference on 11/15/07.</p> <p>NFPA 101 2000 edition 7.7 DISCHARGE FROM EXITS Section 7.7.1* Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.</p> <p>Based on observation and staff interview the facility failed to assure 2 of 6 exits terminate directly at a public way. The findings are:</p> <p>On November 15, 2007, during tour of the facility with the Activities/Executive Director, the Life Safety Code Surveyor observed the following:</p> <p>2. Based on observation at 3:10 pm, the west exit discharge terminated at an exterior locked and gated sidewalk. The two (2) west exit doors lead outside to a sidewalk that was gated and extended the length of the west end of the building with locked gates at either end. The lock on the gates could only be unlocked with the use of a key.</p> <p>a. These gates would not allow people access to the public way or the opportunity to distance themselves from the building in the event of fire.</p>	A50	<p>A-50 Lock has been removed, and appropriate hardware was installed</p>	11-15-07

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A50	Continued From page 3 b. Based on interview at 3:15 pm, the Activities/Executive Director stated that the building is a lock down unit and that the gates are kept locked at all times. c. The Activities/Executive Director also stated that these gates do not release/open with the activation of the fire alarm system. d. The Acting Administrator acknowledged these findings at the exit conference on 11/15/07.	A50		
A60	7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: 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. 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. (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 must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.	A60		

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A60	<p>Continued From page 4</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: 21700 Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on observation, and staff interview, the facility's practice failed to ensure that the fire alarm system and its components are maintained and inspected in accordance with NFPA 72 (National Fire Alarm Code) affecting residents and staff throughout the facility. The licensed capacity of the facility is 40, the census during the survey was 18. The findings are:</p> <p>On November 15, 2007 between 1:00 pm and 3:45 pm, the Life Safety Code Surveyors observed the following.</p> <p>1. The fire alarm pull station located at the south side lobby was obstructed by tape. The pull station was taped over and was not accessible.</p> <p>a. Based on interview with the Activities/Executive Director, she stated that there had been a problem with residents activating the pull station and that was the reason it had been taped over.</p> <p>b. The Activities/Executive Director continued by stating, "staff will no longer tape</p>	A60		

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A60	Continued From page 5 over or obstruct any fire alarm pull station." c. The Acting Administrator acknowledged the above finding at the exit conference on 11/15/07.	A60	<i>A60 Tape was removed and all pull stations will remain unobstructed</i>	11-15
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Reference Tag B. FIRE EXTINGUISHERS: Reference NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.	A62		

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A62	<p>Continued From page 6</p> <p>4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items:</p> <ul style="list-style-type: none"> (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) * Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or " hefting " (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place <p>Based on observation and staff interview, the facility's practice failed to ensure that all portable fire extinguishers are inspected monthly, documented and maintained in accordance with NFPA 10, (Standard for Portable Fire Extinguishers), affecting residents, staff and occupants of the facility. The licensed capacity of the facility is 40, the census during the survey was 18. The findings are:</p> <p>1. On 11/15/07 during a tour of the facility with the Activities/Executive Director, the surveyor observed that the fire extinguisher provided in the entry lobby near parking was not inspected at least every month (not to exceed 30-days) by staff.</p> <ul style="list-style-type: none"> a. The fire extinguisher located in the entry lobby near parking was last inspected by staff on 	A62			

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A62	Continued From page 7 June of 2007. b. The Acting Administrator acknowledged the above finding at the exit conference on 11/15/07. 2. On 11/15/07 during a tour of the facility with the Activities/Executive Director, the surveyor observed that the fire extinguisher provided in the main lobby was obstructed by two chairs. a. During interview with the Activities/Executive Director, she stated that the chairs are not supposed to go there and that they would be removed immediately. b. The Acting Administrator acknowledged the above finding at the exit conference on 11/15/07.	A62	<i>A62 All extinguishers have been inspected and will continue to be inspected on a monthly basis.</i>	11-18
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed 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 must 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 must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to,	A63		

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A63	<p>Continued From page 8</p> <p>the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.</p> <p>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.</p> <p>(5) The local fire department should be requested to supervise and participate in fire drills.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21700</p> <p>Based on record review and staff interview, the facility failed to conduct fire drills at least quarterly on every shift to assure preparedness for emergency response, fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the census was 18 and the licensed capacity was 40. The findings are:</p>	A63		

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A63	Continued From page 9 On November 15, 2007 between 1:00 pm and 2:00 pm, during review of records and documentation with the Activities/Executive Director, the surveyor observed the following: 1. During interview with the Activities/Executive Director, she stated that there are three (3) shifts per day as follows: Day shift from 7:00 am to 3:00 pm. Evening shift from 3:00 pm to 11 pm. Night shift from 11:00 pm to 7:00 am. a.. There was no evidence of a drill for the day shift between the dates of 1/22/07 and 6/30/07. b. The Acting Administrator acknowledged this finding at the exit conference on 11/15/07.	A63	A63 Fire drills will be conducted monthly, with each shift having a drill quarterly.	11-16