

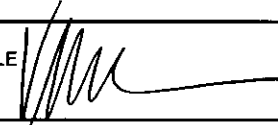
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5810	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SIERRA VISTA ALZHEIME B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2009
NAME OF PROVIDER OR SUPPLIER SIERRA VISTA RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 402 EAST RODEO ROAD SANTA FE, NM 87505		
(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 01	OPENING REMARKS Surveyor: 21963 The following deficiencies are cited as a result of an annual Life Safety Code survey conducted on April 8, 2009, for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A41	7 NMAC 8.2.41 Building Construction 7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions, or alterations to existing buildings are contemplated, plans, code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to	A41		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE  (X6) DATE **4/27/09**

STATE FORM

5EQD21

If continuation sheet 1 of 11



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A41	Continued From page 1 evacuate, but rather for the entire facility. (3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents. (4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability. (5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided: (a) The facility was in compliance with codes and standards at the time of initial licensure. (b) Variances granted will not create a hazard to the health, safety, or welfare of residents and staff. (c) The facility maintains prompt evacuation capabilities. B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses. C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with	A41		

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A41	Continued From page 2 Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner. (1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation. (2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system. (3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system. D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following: (1) Main entry into the facility must provide wheelchair access. (2) Building must allow access to main living area and dining area. (3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. (4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch	A41		

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A41	<p>Continued From page 3</p> <p>diameter clear space (turning radius for a wheelchair).</p> <p>(5) If ramps are provided to the building, a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails.</p> <p>(6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering.</p> <p>E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation the facility failed to provide accessibility to persons with disabilities in accordance with New Mexico Building Code and the American Disabilities Act. This deficient practice had the potential to affect the resident in the room. The licensed capacity of the facility is 24, the census during the survey was 24. The findings are:</p> <p>On April 8, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:</p> <p>1. At 11:30 am, the bathroom in resident room 19 was blocked from access by a recliner chair, end table and an upright lamp.</p> <p>a. When asked, the Maintenance Director stated, "I will get the furniture moved".</p>	A41		
		A41	the recliner chair, end table, lamp were relocated immediately by Maintenance Director away from bathroom door on 4/8/2009 during surveyor's visit	4/8/09

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A41	Continued From page 4 b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm.	A41		
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to ensure that hazardous areas and the facility grounds are maintained in a safe, clean and functioning environment. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 24, the census during the survey was 24. The findings are: On April 8, 2009, during a tour of the facility with	A43		

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A43	Continued From page 5 the Director, the Life Safety Code Surveyor observed the following: 1. At 11:15 am, the cobblestone court yard deck located on the south exit door of the Directors office has 3 areas where the bricks have sunk-in 5-inches below the surface of the patio. a. When asked, the Director stated, "Residents don't really go out there or use this area." b. The surveyor then observed a staff member escort a resident out the door and onto the courtyard in question. c. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm. 2. At 12:01 pm, the building wall had a 4 inch diameter penetration in the stucco located next to the condenser area on the south side of building. a. When asked, the Director stated, "I did not know that problem was there". b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm. 3. At 12:28 pm, the resident bathroom located next to the parlor had two openings in the corridor wall missing the glass panes. Both openings were 68 inches above floor level and measured 20 inches by 20 inches each. a. When asked, the Director stated, "The openings are used for borrowed light." b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm.	A43	<i>A43(1) the unused courtyard will be level by 5/31/2009 by Maintenance Director.</i> <i>(2) the 4 inch penetration outside 4/8/09 south side, was filled in the same day @ 5:00 p.m. by Maintenance director on 4/8/09</i> <i>(3) the two 20x20 openings were not cited 2007, by increased occupancy inspection. They are not windows but will be removed by 5/31/2009 by executive director.</i>	
A44	7 NMAC 8.2.44 Hazardous Areas 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and	A44		

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A44	<p>Continued From page 6</p> <p>in or abutting a primary means of escape or a sleeping room shall be protected by either;</p> <p>(1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or;</p> <p>(2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection.</p> <p>(3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection.</p> <p>B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility failed to maintain a hazardous area, as defined per NFPA 101 (Life Safety Code) with the 1-hour fire rating construction. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 24, the census during the survey was 24. The findings are:</p>	A44		

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A44	Continued From page 7 On April 8, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following: 1. At 11:28 am, the gas fired mechanical room located adjacent to the employee entrance had penetrations in the ceiling. a. When asked, the Director stated, "I will get those penetrations sealed." b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm. 2. At 12:32 pm, the gas fired water heater room for the main shower had penetrations in the floor, walls and ceiling. The door to the room was missing a self closing device and had a 2-inch diameter penetration in the fire rated door. a. When asked, the Director stated, "I will get those penetrations sealed and the door repaired." b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm. 3. At 12:38 pm, the fire rated door to the laundry room containing 2-gas fired commercial dryers was missing the closing device. a. When asked, the Director stated: "I will get the closing device for the door." b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm. 4. At 12:38 pm, the laundry room containing 2 gas fired commercial dryers had an opening 12 inches by 12 inches leading to an adjacent resident bathroom. The opening was not 1-hour fire rated construction. a. When asked, the Director stated: "We use that as a pass through for the residents." b. The Director acknowledged the finding	A44	<i>A44(1) The small penetration was filled in by Mrtee director same day 4/8/9 4/8/9.</i> <i>(2) penetrations on floor, wall, ceiling were filled in same day by Mrtee director 4/8/9 door closer was tightened by Mrtee dir 2 inch diameter penet. was covered w/ proper cover by Mrtee dir 4/8/9</i> <i>(3) closing device was adjusted to close by Mrtee same day 4/8/9</i> <i>(4) 12x12 inch pass through will be covered w/ 1 hour rated construction 5/31/9</i>	4/8/9 4/8/9 4/8/9 4/8/9 4/8/9 5/31/9

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A49	<p>Continued From page 9</p> <p>know the location of the electrical disconnect switch and how to operate it in case of emergency.</p> <p>C. Electrical cords and appliances must be U/L approved.</p> <p>(1) Electrical cords shall be replaced as soon as they show wear.</p> <p>(2) Extension cords are prohibited.</p> <p>EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00] K</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation, testing and staff interview, the facility's practice failed to install and maintain the electrical systems and components such as panels, conduit, junction boxes, disconnect switches, telephone and low voltage control wiring, support strapping, wiring connections to equipment and control cabinets throughout the facility. This deficient practice had the potential to affect all residents and staff throughout the facility. The licensed capacity of the facility is 24, the census during the survey was 24. The findings are:</p> <p>On April 8, 2009, during a tour of the facility with the Director, the Life Safety Code Surveyor observed the following:</p> <p>1. The 3 electrical panels located in the</p>	A49	<p><i>A49</i></p> <p><i>(1) breakers were already labeled Director did not see legend (typed) during inspection walk through only saw written legend all breakers labeled properly.</i></p>	<i>4/8/09</i>

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A49	Continued From page 10 telephone/electrical room had "spares" but were in the "on" position and did not have the breakers properly labeled. a. When asked, the Director stated, "I will get that looked into." b. The Director acknowledged the finding during the exit conference on 4/8/09 at 3:30 pm.	A49		