STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2049	A. BUILDING 01 - MILLIE S CENTER, LLC B. WING _____	12/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLIE'S CENTER, LLC	600 NORTH HUDSON SILVER CITY, NM 88061

(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: 25921 complaint survey was conducted 12/28/07 and the facility was found not to be in compliance with 7.8.2 NMAC. Deficiencies are cited.	A 01		
A43	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND 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: 25921 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	A43	Scanned 2/27/08 JH	

FEB 25 2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2049	A. BUILDING 01 - MILLIE S CENTER, LLC B. WING _____	12/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLIE'S CENTER, LLC	600 NORTH HUDSON SILVER CITY, NM 88061

(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
A43	Continued From page 1 maintained in a safe and functioning condition, including re Based on observation and staff interview, the facility's practice failed to ensure that the facility and equipment are maintained in good repair. This deficient practice affects all staff and residents. At the time of survey the licensed capacity was for 16 and the current cencus was 10. The findings are: On December 28, 2007, between 8:30 am am 11:30 am, during a tour of the facility with the Administrator, the surveyor observed the following: 1. On the wall next to the door of the nursing station, the sub-breaker electrical panel cover was not attached to the breaker box. 2. Within the breaker box was evidence (Spliced Wiring) . 3 different single lug wires were spliced with several wires that entered a conduits. This is not in accordance with the current National Electric Code . 3. The Administrator stated during the interview "that an electrical problem had occurred last weekend and that they were awaiting the parts necessary to fix the electrical box.".	A43	The sub-breaker has been completely replaced with a new box and wiring	

Debra Reesch 2-4-08