


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5831</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - WESTWIND HOUSE</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTWIND HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121</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
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A 01	<p><b>OPENING REMARKS</b></p> <p>Surveyor: 17700</p> <p>The following deficiencies were cited as a result of a Life Safety Code survey conducted on September 16, 2009, for New Mexico Requirements for Adult Residential Care Facilities 7.8.2 NMAC.</p> <p>Built 1996 Single Story Construction Type V (000) Fully Sprinklered</p>	A 01		
A61	<p><b>7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System</b></p> <p><b>7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM:</b> Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 17700</p> <p>NFPA 101, 1997 Edition Section 7-7.6 Where a required automatic sprinkler system is out of service for more than 4 hrs 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 shutdown until the sprinkler system has been returned to service.</p>	A61	<p><i>ES Scanned 10-19-09</i></p> 	

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*Maura R. Duarte*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Administrator* *10-7-09*

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A61	Continued From page 1  Based on record review and staff interview, the facility failed to provide written policies and procedures in the event the automatic sprinkler system was out of service for more than 4 hours within a 24 hour period. This deficient practice had the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility was 48. The census during the survey was 37. The findings are:  A. On 09/16/09 at 10:10 am, review of the sprinkler system maintenance records with the Administrator revealed no evidence written policies and procedures were in place in the event the sprinkler system was out of service longer than the allotted time. 1. During interview at this time, the Administrator stated no such policy and procedure existed for the facility. 2. No further records were available for review.	A61	<b>7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (sprinkler) SYSTEM</b> <b>1. A policy has been added that if the sprinklers malfunction to call the administrator who will then call the company and have the system fixed immediately. 2. It is always necessary to know what to do in an emergency so that the health and safety of the residents and staff are always protected. 3. The administrator shall continue to emphasize the procedure during all fire drills with staff and reinforce to call the administrator or designee for any system malfunction.</b> <b>4. Date of Completion is 10/16/09</b>	
A66	<b>7 NMAC 8.2.66 Related Regulations &amp; Codes</b>  <b>7.8.2.66 RELATED REGULATIONS AND CODES:</b> 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: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). 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]	A66		

*Ylana R. Duarte*

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A66	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 17700</p> <p>Reference NFPA 101, 1997 Edition 7-6.1.8 Fire Alarm System Shutdown. Where a required fire alarm system is out of service for more than 4 hrs in a 24-hour 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 shutdown 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 was out of service for more than 4 hours within a 24 hour period. This deficient practice had the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility was 48. The census during the survey was 37. The findings are:</p> <p>A. On 09/16/09 at 10:00 am, review of the fire alarm system maintenance records with the Administrator revealed no evidence written policies and procedures were in place in the event the fire alarm system was out of service longer than the allotted time.</p> <p>1. During interview at this time, the Administrator stated no such policy and procedure existed for the facility.</p> <p>2. No further records were available for review.</p> <p>Reference NFPA 96, 1998 Edition</p>	A66	<p><b>7 NMAC 8.2.66 RELATED REGULATIONS AND CODES</b></p> <p><b>1. A policy has been added that if the fire alarm malfunctions to call the administrator who will then call the company and have the system fixed immediately. 2. It is always necessary to know what to do in an emergency so that the health and safety of the residents and staff are always protected. 3. The administrator shall continue to emphasize the procedure during all fire drills with staff and reinforce to call the administrator or designee for any system malfunction.</b></p> <p><b>5. Date of Completion is 10/16/09</b></p>	

*Maria R. Duarte*

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A66	<p>Continued From page 3</p> <p>8-2* Inspection. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.</p> <p>8-2.1 All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. In addition to these requirements, the specific inspection requirements of the applicable NFPA standard shall also be followed.</p> <p>8-2.2 Fusible links (including fusible links on fire-actuated damper assemblies) and automatic sprinkler heads shall be replaced at least annually, or more frequently if necessary, to ensure proper operation of the system. Other detection devices shall be serviced or replaced in accordance with the manufacturer's recommendations. Exception: Where automatic bulb-type sprinklers or spray nozzles are used and annual examination shows no buildup of grease or other material on the sprinkler or spray nozzles.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure the range hood system was inspected by a professional company at least every six (6) months as required by NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations). This deficient practice had the potential to affect kitchen staff.</p>	A66		

*Manuela Duran*

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A66	Continued From page 4  At the time of the survey, two kitchen staff were observed on duty. The findings are:  A. On 09/16/09 at 10:15 am, review of the kitchen maintenance records with the Administrator revealed the range hood system was inspected on 08/23/07 and 08/24/09, which exceeds the six (6) month inspection interval. 1. At this time, the Administrator stated the range hood system was not being inspected twice a year. She stated the range hood would be inspected as required. 2. No further records were available for review.  Reference NFPA 99, Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical	A66	<b>7 NMAC 8.2.66 RELATED REGULATIONS AND CODES</b> <b>1. Protection One has been contacted and the range hood system is now scheduled to be inspected every 6 months. 2. It is necessary to have this regularly checked to protect the safety of the residents and staff. 3. The administrator shall follow up before the 6 month inspection and call Protection One to confirm date of inspection. 4. Date of Completion is 10/1/09</b>	

*Maria A. Duarte*

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A66	Continued From page 5 gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. 10. Location of Supply Systems. a. Except as permitted by 4-3.1.1.2(a)10c, supply systems for medical gases or mixtures of	A66		

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A66	<p>Continued From page 6</p> <p>these gases having total capacities (connected and in storage) not exceeding the quantities specified in 4-3.1.1.2(b)1 and 2 shall be located outdoors in an enclosure used only for this purpose or in a room or enclosure used only for this purpose situated within a building used for other purposes.</p> <p>b. Storage facilities that are outside, but adjacent to a building wall, shall be in accordance with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites.</p> <p>c. Locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Storage of full or empty containers shall be permitted. Other nonflammable medical gas supply systems or storage locations shall be permitted to be in the same location with oxygen or nitrous oxide or both. However, care shall be taken to provide adequate ventilation to dissipate such other gases in order to prevent the development of oxygen-deficient atmospheres in the event of functioning of cylinder or manifold pressure-relief devices.</p> <p>d. Air compressors and vacuum pumps shall be located separately from cylinder patient gas systems or cylinder storage enclosures. Air compressors shall be installed in a designated mechanical equipment area, adequately ventilated and with required services.</p> <p>11. Construction and Arrangement of Supply System Locations.</p> <p>a. Walls, floors, ceilings, roofs, doors, interior finish, shelves, racks, and supports of and in the locations cited in 4-3.1.1.2(a)10a shall be constructed of noncombustible or limited-combustible materials.</p> <p>b. Locations for supply systems for oxygen, nitrous oxide, or mixtures of these gases shall not communicate with anesthetizing locations or</p>	A66		

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A66	Continued From page 7  storage locations for flammable anesthetizing agents. c. Enclosures for supply systems shall be provided with doors or gates that can be locked. d. Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 ft (1.5 m) above the floor to avoid physical damage. e. Where enclosures (interior or exterior) for supply systems are located near sources of heat, such as furnaces, incinerators, or boiler rooms, they shall be of construction that protects cylinders from reaching temperatures exceeding 130°F (54°C). Open electrical conductors and transformers shall not be located in close proximity to enclosures. Such enclosures shall not be located adjacent to storage tanks for flammable or combustible liquids. f. Smoking shall be prohibited in supply system enclosures. g. Heating shall be by steam, hot water, or other indirect means. Cylinder temperatures shall not exceed 130°F (54°C).  Section 8-6.4.2 Signs. Precautionary signs, readable from a distance of 5 ft. shall be conspicuously displayed at the site of administration and in aisles and walkways leading to the area. They shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.  Based on observation and staff interview, the facility failed to ensure storage of oxygen was in compliance with NFPA 99 (Standard for Healthcare Facilities). It is essential oxygen cylinders are stored at a location separated from other parts of the facility by one hour fire rated	A66		

*Mona R Duarte*

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A66	Continued From page 8  construction, mechanically ventilated, protected by smoke detection and a fire sprinkler system. This location shall be free of combustibles and properly identified with signage prohibiting smoking. Oxygen cylinders are highly pressurized vessels, mismanagement could result in fire or accidental discharge. This deficient practice had the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility was 48. The census during the survey was 37. The findings are:  A. On 09/16/09 at 11:00 am, during a tour of the facility with the Administrator the surveyor observed sixty-one (61) size "A" oxygen cylinders, nine (9) size "B" oxygen cylinders, and seventy-three (73) size "E" oxygen cylinders stored in a room which did not meet the requirements for storage of oxygen.  1. During this time, the surveyor observed the following:  a. This room was vented to the corridor via a transfer grill located at the bottom of the door. This room was not mechanically ventilated to the outside. b. The door to this room was not fire rated. A 3/4 hour fire rated door is required. c. The fire resistance rating of the room could not be verified. One hour fire rated construction is required. d. The light switch and the electrical outlet were not located a minimum of five (5) feet above the floor. e. Signage identifying the room as oxygen storage was not posted. f. Signage prohibiting smoking was not posted.  B. On 09/16/09 at 11:10 am, when the	A66	<b>7 NMAC 8.2.66 RELATED REGULATIONS AND CODES</b> <b>A, a-f</b> <b>1. The number of all size oxygen cylinders has been greatly reduced and the oxygen company has agreed to weekly delivery, thus reducing the need for so many extra tanks. The designated room has been mechanically ventilated. A cost estimate is being prepared for the 1 hr fire rated door and for verifying or creating the 1 hr fire rated construction. The light switch and electrical outlet have been moved to meet the regulation. Signage for No Smoking and Oxygen Storage shall be posted once the new door is in place.</b> <b>2. The implementation of these regulations is necessary to protect the residents from explosion or fire from a very flammable gas.</b> <b>3. The administrator shall follow up on estimates, get corporate approval and have the work completed to meet the stated regulations.</b> <b>4. Date of Completion 10/16/09</b>	

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A66	<p>Continued From page 9</p> <p>Administrator was asked if there was a need for so many oxygen cylinders the response was, "I think so but I'll see what I can do to limit the amount of cylinders needed." When asked why the cylinders were not properly stored in a room meeting the requirements for oxygen storage the response was, "I wasn't aware the room had to meet certain requirements."</p> <p>Based on observation and staff interview, the facility failed to ensure the storage and transferring of liquid oxygen was in an approved location in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association. This deficient practice had the potential to affect one resident which had liquid oxygen containers stored in his sleeping room. The findings are:</p> <p>A. On 09/16/09 at 11:30 am, during a tour of the facility with the Administrator, the surveyor observed two (2) liquid oxygen containers (41 liter capacity) were being used and stored in resident room 04.</p> <p>1. At this time, when the Administrator was asked if there was a designated liquid oxygen storage and transfer room the response was, "No." When asked where the transfer of liquid oxygen was taking place the response was, "Here in the room (resident room 04) for the portables and outside for the large containers." When asked if there was a need for the use of liquid oxygen in the facility the response was, "Yes, it was doctor's orders for this particular resident." The Administrator stated she would ask the doctor whether an oxygen concentrator would be an acceptable substitute.</p>	A66	<p><b>7 NMAC 8.2.66 RELATED REGULATIONS AND CODES</b></p> <p><b>1. The resident using liquid oxygen has now been switched to an oxygen concentrator and doing well.</b></p> <p><b>2. Regulations concerning use of liquid oxygen must be followed as it is a flammable gas and could affect the safety of the residents and staff.</b></p> <p><b>3. The administrator shall inform all new residents that liquid oxygen is not used in the facility.</b></p> <p><b>4. Date of Completion 10/5/09</b></p>	

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A66	Continued From page 10  Note: Transferring of liquid oxygen shall be: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hr fire resistive construction; and (b) the area is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with the NFPA 99 and Compressed Gas Association.	A66		

*Maria R. Duran*