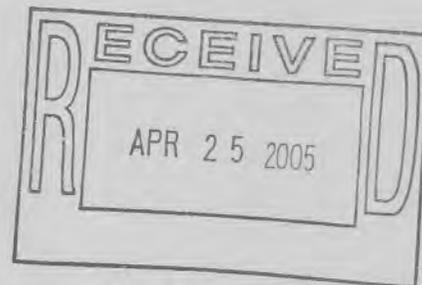


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5709	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTONBLOOM ADULT I B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2005
NAME OF PROVIDER OR SUPPLIER COTTONBLOOM ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005		
(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
A39	<p>7 NMAC 8.2.39 HOUSEKEEPING/LAUNDRY SERVICES</p> <p>7.8.2.39 HOUSEKEEPING/LAUNDRY SERVICES: The adult residential care facility shall maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility must be free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish, dust.</p> <p>A. Bathrooms and all common living areas must be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags and compounds shall be stored in closed metal containers in approved areas providing adequate ventilation. Combustibles shall be stored away from the food preparation area and away from resident rooms.</p> <p>C. Poisonous or flammable substances must not be stored in residential areas, food preparation areas, or food storage areas.</p> <p>D. The adult residential care facility shall make available laundry services to the residents either on the premises or by use of a commercial laundry or linen service. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(1) All linens shall be changed as needed and at least weekly.</p> <p>(2) The mattress pad, blankets, and bedspread shall be laundered as needed and at least once a month.</p> <p>(3) Bath linens consisting of face towel, bath towel and wash cloth shall be changed as needed and at least three (3) times per week.</p> <p>(4) Residents shall have clean clothing as needed to maintain dignity and be free of odors.</p> <p>E. Laundry services provided on the premises shall have a designated laundry area</p>	A39		



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

TITLE
Carmen Flores

(X6) DATE

4-15-05

STATE FORM

6809

BG5F21

If continuation sheet 1 of 17

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A39	Continued From page 1 equipped with a washer and dryer. F. Under no circumstances shall collection, sorting, storage or washing of soiled clothing or linen be done in a food preparation, food storage, or food service area. G. Residents may do their own laundry if they are capable and WISH to do so, or if it is part of a training or rehabilitation program specifically documented in the resident's individual service plan. H. A separate, dry, well ventilated storage area for clean linen shall be provided. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 4-7-97; 7.8.2.39 NMAC - Rn, 7 NMAC 8.2.39, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 Based on observation and staff interview, the facility's practice failed to ensure that the facility is maintained in a safe, clean, and presentable manner, The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. The exhaust vent grill within the facility smoking room is dirty. 2. The heater vent grill within the facility smoking room is dirty. 3. The facility administrator acknowledged the findings and stated that the vent grills would be cleaned and maintained.	A39		
A41	7 NMAC 8.2.41 BUILDING CONSTRUCTION 7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions, or alterations	A41	① Vent was taken down and washed thoroughly and placed back. 3/30/04 ② Vent was taken down, washed 3/30/04 and re-placed back. ③ Vents will be monthly maintained monthly by kitchen staff and maintenance supervisor.	

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A41	Continued From page 2 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 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	A41		

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A41	Continued From page 3 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 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	A41		

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A41	Continued From page 4 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 diameter clear space (turning radius for a wheelchair). (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. (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. E. PROHIBITION ON MOBILE HOMES:	A41		

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A41	<p>Continued From page 5</p> <p>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: 19954</p> <p>Based on observation and staff interview, the facility's practice failed to ensure that the facility submit, to the Licensing Authority, plans and specifications covering all portions of additions or alterations to existing buildings for plan review and approval prior to beginning of actual construction. The findings are:</p> <p>On March 29, 2005, during a tour of the facility, the Life Safety Code surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The facility did not submit to the Licensing Authority plans and specifications, covering all portions of the alteration within the Alzheimer unit, for plan review and approval. 2. The facility converted the 128-corridor wing to an Alzheimer unit. 3. Resident rooms #136 and #138 were converted to a TV room. 4. Resident room #137 was converted to a dining area. 5. The facility installed a door in room #136 leading to the patio. 6. The facility removed the door leading from the corridor to room #136 and removed a portion of the wall next to the door to open the corridor into the TV room. 7. The facility removed the door leading from 	A41	<p>Regarding deficiencies # 1- thru 11. Two proposals has been taken. We will submit plans to Planning Dept. for approval. All work to be completed no later than 5-9-05. We never removed any existing (original) headers - we had taken out 1/2 of the closet and made the opening to the door-opening on both rooms # 136 & 137.</p>	5/9/05

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A41	Continued From page 6 the corridor to room #137 and removed a portion of the wall next to the door to open the corridor into the TV room. 8. The facility did not provide a full header support across the new openings. 9. The new openings have two separate support headers, which are offset from each other at the center 6 inches. 10. The facility installed a 4-inch by 4-inch square post centered on the two support header sections to support the two sections. 11. The facility Administrator stated that the former Health Facility Licensing and Certification Long Term Program Manager approved the alterations verbally. The facility does not have any written documentation on file showing this approval. Reference Tag "D" Access to Persons With Disabilities. Based on observation and staff interview, the facility's practice failed to ensure that the facility is accessible to and usable by persons with disabilities. The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. The exit door leading from the TV room in the Alzheimer unit to the outside patio has a threshold that is 1-3/8 inch high. 1a. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that the threshold was part of the door unit installed when the wing was converted to the Alzheimer unit.	A41	<i>We are planning to put wall back up as it was before. 5/9/05</i> <i>9- The existing headers are the original headers - none were ever removed.</i> <i>10- The 4x4 square post centered - will have the approved support when wall is replaced again. The work to be done for compliance will be submitted and approved before work is started. The Adm. and Maintenance Superintendent will have all work approved - completed and a final completion report will be on file for survey review no later than 5/9/05. (Work has to be done in the evenings - as to not put anyone in any danger.)</i> <i>#1 The old threshold has been removed and a new proper threshold has been replaced for compliance</i>	4-16-05

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A43	Continued From page 7	A43		
A43	<p>7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS</p> <p>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:</p> <p>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).</p> <p>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.</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>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: 19954</p> <p>Based on observation and staff interview, the facility's practice failed to ensure the building and all building systems are maintained in good repair at all times. The findings are:</p> <p>On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following:</p> <p>1. When tested, the double leaf doors located in corridor 106 are binding on the top latch side of the doors.</p>	A43		
			<p><i>1- Spacers has been installed between hinge and frame on the double leaf doors, they were also filed down to correct deficiency.</i></p>	<p><i>3/30/05</i></p>

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A43	Continued From page 8 2. When tested, the bottom of the door to the restroom located next to Resident room #102 is binding on the carpet. 3. When tested, the bottom of the door to resident room #112 is binding on the carpet. 4. When tested, the door to resident room #112 does not latch when closed. 5. When tested, the bottom of the door to resident room #134 is binding on the carpet. 6. When tested, the exit door by the kitchen does not close and latch. 7. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that the doors would be adjusted and maintained. Reference NFPA 13 Section 1-5.1 Maintenance A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition. Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler system installed is properly maintained for efficient service and in good operating condition. The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. The two sprinklers heads in the dish washing room located within the kitchen are covered with grease and lint. 1a. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that the sprinkler heads would	A43 Rm # 102- Rm # 112 Rm # 134	② Spacers installed between frame and hinge to level door ③④ Spacers installed between frame + hinge to level door so it now will latch & close ⑤ Spacers installed between frame and hinge to level door ⑥ Self close hinge installed Administrator and Maintenance Superintendent will monitor regularly and maintain. #1 Regarding sprinkler heads - Alarm Systems has been called. They will clean the week of 4/18/05. Administrator and Maintenance Superintendent will monitor and maintain.	3/30/05 4/8/05 4/8/05 4/8/05 4/25/05

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A43	Continued From page 9 be cleaned and maintained.	A43		
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of	A45		

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A45	Continued From page 10 insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 Based on observation and staff interview, the facility's practice failed to ensure that the facility is adequately ventilated at all times to control unpleasant odors by either mechanical or natural means. The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. The storage room located next to the laundry room is being used to store different types of cleaning supplies, which produce a strong odor. This storage room does not have a mechanical exhaust vent. 1a. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that a mechanical vent would be installed and maintained.	A45		
A51	7 NMAC 8.2.51 EXITS 7.8.2.51 EXITS:	A51	#1 A exhaust fan has been installed. adm. and maintenance Superintendent were notified and maintain.	4/16/05

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A51	<p>Continued From page 11</p> <p>A. Each facility must have at least two (2) approved exits, that do not involve windows and which are remote from each other. At least one path of travel shall be provided that does not traverse any space exposed to unprotected vertical openings or common living spaces.</p> <p>B. Facilities with ten (10) or more residents shall have each exit clearly marked with signs having letters at least six inches (6") high whose principal strokes are at least 3/4 of an inch wide. Exit signs shall be visible at all times.</p> <p>C. Exits must be clear of obstructions at all times.</p> <p>D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking.</p> <p>E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have sliding doors as required exits. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.51 NMAC - Rn, 7 NMAC 8.2.51, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954</p> <p>Reference NFPA 101 Section 5-10.5.2 Testing and Maintenance. Exit signs connected to or provided with a battery-operated emergency illumination source shall be tested and maintained in accordance with 5-9.3.</p> <p>Reference NFPA 101 Section 5-9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required battery-powered emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for a</p>	A51		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5709	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTONBLOOM ADULT L B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2005
NAME OF PROVIDER OR SUPPLIER COTTONBLOOM ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005		
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A51	Continued From page 12 1-1/2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Based on observation and staff interview, the facility's practice failed to ensure that the exit sign battery-operated illumination source is tested and maintained at all times. The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. When tested, the exit sign located by resident room #124 does not have a functioning battery back-up. 2. When tested, the exit sign located at the exit by the kitchen does not have a functioning battery back-up. 3. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that the exit sign batteries would be replaced and maintained.	A51		
A56	7 NMAC 8.2.56 TOILET AND BATHING FACILITIES 7.8.2.56 TOILET AND BATHING FACILITIES: A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit must be provided for every eight (8) residents or fraction thereof. Each facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. B. The combination type tub and shower is permitted. C. toilets, tubs, and showers must be provided with grab bars.	A56	<i>#1. A new exit sign purchased. Electrician (Alimar) will install week of 4-18-05</i> <i>#2 New Battery installed</i> <i>Administrator and maintenance Superintendent will monitor monthly and maintain.</i>	<i>4/25/05</i> <i>4/16/05</i>

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A56	Continued From page 13 D. If a facility has live in staff, a separate toilet, sink, and bathing facility must be provided. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a separate toilet, sink, and bathing facility for live in staff. E. Tubs and showers must have a slip resistant surface. F. Toilet, sink, and bathing facilities must be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bath, or sink facility is permitted. G. All facilities must have a minimum of one (1) toilet and bathing facility which meets requirements for the disabled. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a toilet and bathing facility which meets requirements for the disabled. H. Toilet paper and soap must be provided in each toilet room. I. The use of a common towel is prohibited. J. Bathrooms and lavatories must be cleaned as often as necessary to maintain a clean and sanitary condition. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.56 NMAC - Rn, 7 NMAC, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 Reference ANSI Section 609.4 Position of Grab bars. Grab bars shall be mounted in a horizontal position, 33 inches minimum and 36 inches maximum above the floor. Reference ANSI Section 609.8 Structural Strength Allowable stresses in bending, shear, and tension	A56		

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A56	Continued From page 14 shall not be exceeded for materials used where a vertical or horizontal force of 250 lb is applied at any point on the grab bar, fastener mounting device, or supporting structure. Based on observation and staff interview, the facility's practice failed to ensure that toilets, tubs, and showers are provided with grab bars. The findings are: On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following: 1. The whirlpool tub located in the whirlpool room has grab bars installed at an angle. 1a. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that grab bars would be installed in horizontal position as required.	A56		
A59	7 NMAC 8.2.59 FIRE CLEARANCE AND INSPECTIONS 7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual	A59	#1 The Grab bars were removed and installed in a horizontal position to meet regulations compliance.	4/8/05

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A59	<p>Continued From page 15</p> <p>inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 19954</p> <p>Reference tag "B" Fire Inspection Documentation:</p> <p>Based on observation, documentation review and staff interview, the facility's practice failed to ensure that the facility is inspected annually by the Fire Authority having jurisdiction and that a copy of the latest inspection is kept on file and maintained readily available for review. The findings are:</p> <p>On March 29, 2005, during a tour of the facility, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> The facility did not have a current annual fire inspection report by the local fire authority available for review. The fire inspection report on file was dated May 5, 2003. The facility Administrator and the Maintenance Superintendent acknowledged the findings and stated that an annual fire inspection had been scheduled several times with the County Fire Marshal. The Fire Marshal, due to personnel turnover, had cancelled the scheduled visits. The Administrator stated that she would request the inspection again and follow up with a request to the State Fire Marshals office if the County Fire Marshal could not conduct the inspection. 	A59		

#1 The Fire Marshall was called. They will inspect facility after all work has been completed in the facility, so all reports of inspections/finals, can be provided to Fire inspectors. The Fire Marshall inspection report will be on file at facility for surveys. Administrative and maintenance Superintendent will oversee so reports are done in a timely manner. 5/9/05

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