


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5847	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - EL CASTILLO RETIREMEI B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2009
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NAME OF PROVIDER OR SUPPLIER EL CASTILLO RETIREMENT RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 250 E ALAMEDA SANTA FE, NM 87501
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A 01	<p>OPENING REMARKS</p> <p>Surveyor: 21700</p> <p>The following deficiencies were cited as a result of an annual life safety code survey conducted on 04/15/09 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.</p>	A 01		
A61	<p>7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System</p> <p>7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: 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: 21700</p> <p>AUTOMATIC FIRE PROTECTION (SPRINKLER SYSTEM: Maintenance of system:</p> <p>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.</p> <p>Reference NFPA 13 Section 4-5.5.2.1 Continuous or non-continuous</p>	A61	<p><i>Scanned 5/7/09 CR</i></p> 	

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
CEO/ADMINISTRATOR

(X6) DATE
5-4-09

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A61	Continued From page 1 obstructions less than eighteen (18) below the sprinkler deflector that prevents the pattern from fully developing shall comply with this section. Section 4-5.5.3 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18) inches below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section. Section 4-5.6 requires that the clearance between the deflector and the top of storage shall be eighteen (18) inches or greater. Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler spray pattern is unobstructed and the required clearance between the bottom of the sprinkler head deflector and the top of storage is eighteen (18) inches or greater. At the time of survey, the licensed capacity of the facility was 16 and the census was 12. The findings are: 1. On 4/15/09 at 2:30 pm, during a tour of the facility with the Safety Officer, the Life Safety Code Surveyor observed plastic bins stored eight (8) vertical inches from the sprinkler deflector located in the activities storage room. a. At this time the Safety Officer acknowledged the above finding.	A61	<i>The closet in the ACTIVITIES Room was stacked to high. The activities director was re-trained and she removed the items. The DON is responsible for inspection and compliance.</i>	<i>4-15-09</i>
A63	7 NMAC 8.2.63 Staff & Resident Fire & 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	A63		

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A63	Continued From page 2 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, 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. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (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. (5) The local fire department should be requested to supervise and participate in fire drills. [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]	A63		

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A63	Continued From page 3 This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on record review, the facility failed to conduct at least one (1) fire drill each month to assure preparedness for emergency response. Fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice has the potential to affect all staff and residents throughout the facility. The licensed capacity of the facility is 16, and the census during the time of survey was 12. The findings are: On April 15, 2009, during review of records and documentation with the Safety Officer, the Life Safety Code Surveyor observed the following: 1. At 1:30 pm, there was no evidence of fire drills being conducted monthly as required. a. The only fire drill in evidence for the previous year was dated 9/30/08. b. There was no further evidence available for review. c. At this time, the Safety Officer acknowledged the above finding.	A63	<i>4-16-09</i> <i>El Castillo holds monthly fire drill in the nursing floor and felt that this included Asst. Living since we are in the same bldg. This policy was changed and monthly fire drills will be held in Asst. living and separate records will be kept. The DON is responsible for the drills and records.</i>	