

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - COTTONBLOOM ASSISTE B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2007
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NAME OF PROVIDER OR SUPPLIER COTTONBLOOM ASSISTED LIVING COMMUNI	STREET ADDRESS, CITY, STATE, ZIP CODE 5525 COTTONBLOOM COURT LAS CRUCES, NM 88005
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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>OPENING REMARKS</p> <p>Surveyor: 14514</p> <p>The following deficiencies were cited as a result of an annual Life Safety Code survey conducted on July 6, 2007 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.</p>	A 01		
A 43	<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.</p> <p>[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]</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 14514</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated</p>	A 43	<p><i>Scanned 8/7/07</i></p>	

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Andrey M. Hailley, MA TITLE *Admin* (X6) DATE *8/1/07*

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

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A43	<p>Continued From page 1</p> <p>protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>Based on observation and staff interview, the facility's practiced failed to ensure all fire protection systems including smoke barriers and doors in smoke barriers are self-closing or automatic closing in accordance with the code and are maintained in safe and functioning condition including regular inspections of these systems, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 45 and the census was 32. The findings are:</p> <p>On 7/6/2007 between 9:30 am and 11:30 am, during a tour of the facility with the Maintenance Person, the surveyor observed the following:</p> <p>1. (a) There were double smoke doors within the smoke barrier walls located within the corridor at the east end of Corridor 129 at the northwest end of the facility building. These doors remain open at all times, were not self-closing, were not capable of self-closing or resisting the passage of smoke in the case of fire.</p> <p>(b) The surveyor observed electrical cover plates on the corridor wall behind each of the doors at approximately six (6) feet above the floor.</p> <p>(c) When asked if there was electrical wiring behind the cover plates or wiring that may have been intended for magnetic releases (tied to the fire alarm system) the Maintenance person stated he did not know.</p> <p>(d) When asked if there had ever been</p>	A43	<p>Prefix tag A43 7 NMAC 8.2.43 Maintenance of Building and Grounds</p> <ul style="list-style-type: none"> Corridor 129 hallway doors at the northwest end do not comply with regulation 19.2.2.6 Contracted Fire Service purveyor will be contacted within 30-days for estimates to comply of stated deficiencies. Than 60 days for the compliance with local agencies for approval for installation. An in-service has been conducted for all staff on 7/25/07 to review policy and procedure on "fire safe zones, horizontal evacuation" and fire door safety. Maintenance person will review on monthly basis for compliance all corridor hallway doors are operating correctly with documentation. Completion date: 10-26-2007 	

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A43	Continued From page 2 self-closing devices on the doors, the Maintenance person stated he did not know. 2. (a) There were double smoke doors within the smoke barrier walls located within the corridor at the east end of Corridor 108 at the southwest end of the facility building. These doors remain open at all times, were not self-closing, were not capable of self-closing or resisting the passage of smoke in the case of fire. (b) The surveyor observed electrical cover plates on the corridor wall behind each of the doors at approximately six (6) feet above the floor. (c) When asked if there was electrical wiring behind the cover plates or wiring that may have been intended for magnetic releases (tied to the fire alarm system) the Maintenance person stated he did not know. (d) When asked if there had ever been self-closing devices on the doors, the Maintenance person stated he did not know. 3. (a) There were double smoke doors within the smoke barrier walls located within the corridor at the west end of Corridor 106 at the southeast end of the facility building. These doors remain open at all times, were not self-closing, were not capable of self-closing or resisting the passage of smoke in the case of fire. (b) The surveyor observed electrical cover plates on the corridor wall behind each of the doors at approximately six (6) feet above the floor. (c) When asked if there was electrical wiring behind the cover plates or wiring that may have been intended for magnetic releases (tied to the fire alarm system) the Maintenance person stated he did not know. (d) When asked if there had ever been self-closing devices on the doors, the Maintenance person stated he did not know.	A43	Prefix tag A43 7 NMAC 8.2.43 Maintenance of Building and Grounds <ul style="list-style-type: none"> Corridor 108 hallway doors at the southwest end do not comply with regulation 19.2.2.6 Contracted Fire Service purveyor will be contacted within 30-days for estimates to comply of stated deficiencies. Than 60 days for the compliance with local agencies for approval for installation. An in-service has been conducted for all staff on 7/25/07 to review policy and procedure on "fire safe zones, horizontal evacuations" and fire door safety. Maintenance person will review on monthly basis for compliance all corridor hallway doors are operating correctly with documentation. Completion date: 10-26-2007 Prefix tag A43 7 NMAC 8.2.43 Maintenance of Building and Grounds <ul style="list-style-type: none"> Corridor 106 hallway doors at the southeast end do not comply with regulation 19.2.2.6 Contracted Fire Service purveyor will be contacted within 30-days for estimates to comply of stated deficiencies. Than 60 days for the compliance with local agencies for approval for installation. An in-service has been conducted for all staff on 7/25/07 to review policy and procedure on "fire safe zones, horizontal evacuations" and fire doors safety. Maintenance person will review on monthly basis for compliance all corridor hallway doors are operating correctly with documentation. Completion date: 10-26-2007 	

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A43	<p>Continued From page 3</p> <p>NFPA 70 National Electrical Code Section 110-16 of the National Electrical Code requires that a working clearance of three (3) feet be maintained in the front of and to the side of the electrical equipment.</p> <p>Based on observation and staff interview, the facility's practice failed to ensure working clearances at electrical equipment is in accordance with NFPA 70 (National Electrical Code), affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 45 and the census was 32. The findings are:</p> <p>On 7/6/2007 between 9:30 am and 11:30 am, during a tour of the facility with the Maintenance Person, the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. Within the Electrical Equipment Room, there were boxes stored in front of the electrical panels. 2. The Maintenance Person acknowledged this findings. <p>Based on observation and staff interview, the facility's practiced failed to ensure that all floors were maintained stable, firm, slip resistant and free of tripping hazards in accordance with the regulations, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 45 and the census was 32. The findings are:</p> <p>On 7/6/2007 between 9:30 am and 11:30 am, during a tour of the facility with the Maintenance Person, the surveyor observed the following:</p>	A43	<p>Prefix tag A43 7 NMAC 8.2.43 Maintenance of Building and Grounds</p> <ul style="list-style-type: none"> • NFPA 70 National Electrical Code Section 110-16 • Removed the boxes as noted. • Within 30-days the Maintenance person will paint a red-line area to help identify to staff the necessary clearance. An in-service was conducted for all staff on 7/25/07 on this issue. • Maintenance person will review on weekly basis for compliance than monthly thereafter with documentation. • Completion date: 8-26-2007 	

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A43	Continued From page 4 1. Within the Dietary Kitchen, the floor was composite slip-resistant vinyl tile was cracking and peeling at the base of the stove, under the freezers and near the floor drain and throughout the area where the dishwasher was located. 2. The Administrator stated that she was aware of the condition of the floor and was waiting for funding to replace the floor.	A43	Prefix tag A43 7 NMAC 8.2.43 Maintenance of Building and Grounds <ul style="list-style-type: none"> Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. Contracted flooring purveyor has been to facility to measure and will give estimates for compliance on this issue. Will request that we received the earliest production date for the needed flooring available to expedite the installation. A complete audit on all flooring will be conducted within 30-days for compliance. Maintenance person will review on weekly basis for compliance than monthly thereafter with documentation. Completion date: 10-26-2007 	
A51	7 NMAC 8.2.51 EXITS 7.8.2.51 EXITS: 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. 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. C. Exits must be clear of obstructions at all times. D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking. 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: 14514	A51	Prefix tag A51 7 NMAC 8.2.51 EXITS <ul style="list-style-type: none"> Reference NFPA 101, 1997 Edition: Section 5-5.2.2 Impediments to Egress Within 30-days the Activity staff person will remove all impediments as noted by surveyor in the egress path from the Dining Room and the exit doorway from the Activity Room. An in-service was conducted for all staff on 7/25/07 on this issue of impeding the marked egress of the building to the exterior. Maintenance person will review on weekly basis for compliance than monthly thereafter with documentation. Completion date: 8-26-2007 	

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A51	Continued From page 5 Reference NFPA 101, 1997 Edition: Section 5-5.2.2 Impediments to Egress Exit access and exit doors shall be designed and arranged to be clear of obstructions for immediate. Based on observation and staff interview, the facility failed to ensure that exit and exit access are maintained clear of all obstruction to full and instant use at all times, affecting all staff and residents. At the time of survey, the capacity of the facility was 45 with a census of 32 residents. The findings are: On July 6, 2007, between 9:30 am and 11:30 am, During a tour of the facility with the Maintenance Person, the Life Safety Code Surveyor observed the following: 1. At the east end of the Dining Room there was a doorway marked with an exit sign leading to the Activity Room and a signed exit door at the east end of the Activity Room leading to the exterior. The direct path between the exit doorway from the Dining Room and the exit doorway from the Activity Room to the exterior was being impeded by a piano and a table which reduce the clear path of egress by forty five (45) inches.	A51		
A61	7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM 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.	A61		

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A61	Continued From page 6 [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 14514 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. Reference NFPA 13 Section 4-5.5.2.1 Continuous or non-continuous 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. Reference NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures	A61	Prefix tag A61 7 NMAC 8.2.61 Automatic Fire Protection <ul style="list-style-type: none"> Section 4-5.2.1 Continuous or non-continuous obstructions less than 18" below the sprinkler deflector that prevents the pattern from fully developing. Within 30-days the Maintenance person will remove the obstructions and clearly mark walls with a red-line in the following areas: Electrical Equipment room, Storage Room located off the Laundry Room, Dietary Supervisor office and the storage room located south of the 100 wing. An in-service was conducted for all staff on 7/25/07 on this issue of obstruction of fire sprinklers in any storage areas. Maintenance person will review on weekly basis for compliance than monthly thereafter with documentation. Completion date: 8-26-2007 	

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A61	<p>Continued From page 7</p> <p>meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.</p> <p>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, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 45 and the census was 32. The findings are:</p> <p>On 7/6/2007 between the time of 9:30 am and 11:30 am, during a tour of the facility with the Maintenance Person, the Life Safety Code Surveyor observed the following:</p> <ol style="list-style-type: none"> 1. Within the Electrical Equipment Room, there were dry good items being stored on top of a shelf within six (6) vertical inches of the sprinkler deflector. 2. Within the Storage Room located off the Laundry Room, there were items stored within twelve (12) vertical inches of the sprinkler deflector. 3. Within the Dietary Supervisors office, there were boxes stored within six (6) vertical inches of the sprinkler deflector. 4. Within the storage room located south of the 100 wing and east of the smoke doors, there were 3 record boxes stored within two (2) vertical inches of the sprinkler deflector. 5. Both the Administrator and the Maintenance Person acknowledged these findings. 	A61		

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A63	<p>7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING</p> <p>7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING:</p> <p>A. All staff personnel of the facility must know the location of and be instructed in proper 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.</p> <p>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.</p> <p>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.</p> <p>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:</p> <p>(1) Fire drills must be held at different times of the day.</p> <p>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.</p> <p>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.</p> <p>(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</p>	A63	<p>Prefix tag A63 7 NMAC 8.2.6 3 Staff and Resident fire and safety training</p> <ul style="list-style-type: none"> • Fire drills must be held at least quarterly on each shift to assure preparedness for an emergency response. • Within 30-days the Maintenance person will schedule for quarterly unannounced fire drills on each shift including the participation of Residents and the local fire department. • An in-service was conducted for all staff on 7/10/07 on this issue of fire safety and fire drills. • Administrator or designee will review on monthly basis for compliance than quarterly thereafter with documentation. • Completion date: 10-26-2007 	

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A63	<p>Continued From page 9</p> <p>noted during the drill and the evacuation time in total minutes.</p> <p>(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]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 14514</p> <p>Based on record review and staff interview, the facility failed to conduct fire drills at least quarterly on every shift to assure preparedness for emergency response, fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the census was 32 and the licensed capacity was 45. The findings are:</p> <p>On July 6, 2007 between 9:30 am and 10:30 am, during review of records and documentation with the Maintenance person, the surveyor observed the following:</p> <p>1. (a) There are three established shift times, day shift form 7:00 am to 3:30 pm, swing shift from 3:00 pm to 11:00 pm and graveyard shift from 11:00 pm to 7:00 am.</p> <p>(b) Fire drill records indicated that up to November of 2006, fire drills had been conducted as required. Since November of 2006, only two fire drills had been conducted, one in February of 2007 and the other in March of 2007. Both these fire drills were conducted during the day shift.</p> <p>(c) Missing was documentation for fire drills in the months of December of 2006, January, April,</p>	A63		

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A63	Continued From page 10 May and June of 2007. (d) When asked if drills had been conducted for those missing months or if documentation for those months could be found, the Maintenance person stated that he did not believe drills had been conducted for those months and as such there would not be any documentation available. (e) The Maintenance Person stated that he was setting up a schedule to conduct fire drills on a quarterly per shift schedule with the first drill beginning in July of 2007.	A63		