

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5707	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SUNRISE OF ALBUQUERQUE B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2007
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ALBUQUERQUE		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
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A 01	OPENING REMARKS Surveyor: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 12/10/07 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
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 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] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 NFPA 72, 1999 Edition: Section 7-1.1.1	A59	<i>ES Scanned 01/30/08</i>	

Division of Health Improvement

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



TITLE Executive Director (X6) DATE 1/21/08

JAN 20 2008



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A59	<p>Continued From page 1</p> <p>Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>Section 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure that the range hood suppression system and its components are inspected and maintained in accordance with NFPA 96. This deficient practice affects residents, staff and occupants of the facility. The licensed capacity of the facility is 40, the census during survey was 33. The findings are:</p> <p>1. On 12/10/07 at 1:00 pm, review of facility range hood inspection records with the Maintenance Coordinator revealed the following comment, "Exhaust fan needs to be wired per NFPA 96 Fire Codes." a. At this time, the Maintenance Coordinator stated he would schedule any necessary repairs. b. No further records were available for review. c. The Administrator and the Maintenance Coordinator acknowledged these findings at the exit conference on 12/10/07, at 3:40 pm.</p>	A59	<p>Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law.</p> <p>A59 FIRE CLEARANCE</p> <p>1. <u>With respect with what steps will be taken to correct the situation:</u> The maintenance coordinator has contacted an electric company and scheduled the rewiring of the range hood per their schedule.</p> <p>2. <u>With respect with who shall be responsible to monitor for continued compliance:</u> The maintenance coordinator will be responsible for insuring the rewiring is completed. There will be no further need for monitoring once completed.</p>	<p>12/18/07</p> <p>1/7/08</p>

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A60	<p>7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP</p> <p>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:</p> <p>A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system.</p> <p>B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors.</p> <p>(1) Detectors shall be powered by the house electrical service and have battery back up.</p> <p>(2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room.</p> <p>(3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing.</p> <p>(4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.</p> <p>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700</p> <p>Based on observation, and staff interview, the facility's practice failed to ensure that the fire alarm system and its components are maintained and inspected in accordance with NFPA 72</p>	A60		

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A60	Continued From page 3 (National Fire Alarm Code) affecting residents and staff throughout the facility. The licensed capacity of the facility is 40, the census during the survey was 33. The findings are: On December 10, 2007, the Life Safety Code Surveyor observed the following: 1. The fire alarm pull station located at the front entry was obstructed by a chair. This fire alarm pull station was not easily accessible. a. During interview with the Maintenance Coordinator, he stated that staff will be reminded to not obstruct any fire alarm pull stations. b. The Administrator acknowledged this finding at the exit conference on 12/10/07.	A60	A60 FIRE ALARMS & SMOKE DETECTORS 1. <u>With respect with what steps will be taken to correct the situation:</u> The chair in question was removed the following day. Placement of furniture and obstruction of exits will be discussed at Manager Stand-up and Department Head meetings, as well as at Crossover meetings with team members. 2. <u>With respect with who will be responsible to monitor for continued compliance:</u> The Reminiscence Coordinator will be responsible for insuring that the fire alarm pull station is unobstructed. The maintenance coordinator and the executive director will monitor periodically during rounds.	12/11/07
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND 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 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	A63		

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A63	<p>Continued From page 4</p> <p>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 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.</p> <p>[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: 21700</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 33 and the licensed capacity was 40. The findings are:</p>	A63		

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A63	Continued From page 5 On December 10, 2007 between 1:00 pm and 2:00 pm, during review of records and documentation with the Maintenance Coordinator, the surveyor observed the following: 1. During interview with the Maintenance Coordinator, he stated that there are three (3) shifts per day as follows: Day shift from 6:00 am to 2:00 pm. Evening shift from 2:00 pm to 10 pm. Night shift from 10:00 pm to 6:00 am. a.. There was no evidence of a drill for the day shift between the dates of 4/30/07 and 10/18/07. b. The Administrator acknowledged this finding at the exit conference on 12/10/07.	A63	A63 STAFF & RESIDENT FIRE SAFETY TRAINING 1. <u>With respect with what steps will be taken to correct the situation:</u> The community will insure that all shifts will be drilled quarterly, not to exceed 90 days. The annual fire training for staff was conducted on 1/17/08 and for department managers on 1/18/08. A fire drill calendar will be maintained by the maintenance coordinator and the ED to monitor compliance. 2. <u>With respect to who shall be responsible to monitor for continued compliance:</u> The maintenance coordinator shall be responsible for conducting drills per regulation. The executive director shall be responsible for monitoring that the drills are done.	1/18/08