

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ACANTILADO VISTA B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2007
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NAME OF PROVIDER OR SUPPLIER ACANTILADO VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 920 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124
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A 01 OPENING REMARKS

Surveyor: 14514
The following deficiencies were cited as a result of an annual Life Safety Code survey conducted on 5/24/07 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.

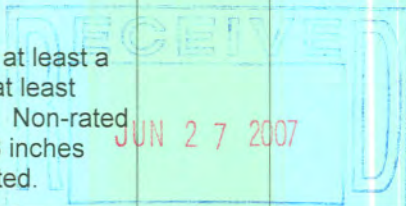
A 01

A43 7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS

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:
 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).
 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.
 C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.
 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: 14514
 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 protective plates that do not exceed 48 inches from the bottom of the door are permitted.

A43

Scanned 6-29-07



Division of Health Improvement
Cashew Shaul G.M.
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
6-25-07

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A43	Continued From page 1 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 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 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 76 and the census was 74. The findings are: On 05/24/2007 between 2:30 pm and 5:30pm, during a tour of the facility with the administrator and the Plant Operations Supervisor, the surveyor observed the following: 1st Floor 1. When tested, one of the self-closing fire doors within the corridor west of the elevator did not close and latch due to the top edge of the door panel binding against the door frame. 2. When tested, the self-closing elevator fire door closed but did not latch in its frame. 3. When tested, the self-closing fire doors within the corridor east of the elevator between the elevator lobby and the main lobby did not close completely or latch. 4. When tested, the self-closing fire doors within the corridor north of resident room 120 did not close completely or latch. 5. The Administrator and the Plant Operations Supervisor stated that these doors would be repaired, adjusted and maintained as needed to ensure they operated properly.	A43	First Floor Door openings in smoke barriers are to be maintained in safe functioning conditions including regular inspections of these systems, affecting all staff and residents. Self closing fire doors latches were repaired as well as elevator door latch repaired on first floor. Fire drills initiated and completed on 5-24-07, 6-8-07, and 6-14-07. Plant Operations Supervisor and Maintenance Staff. will monitor on a monthly basis and have preventive Maintenance as needed.	6-7-07

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A48	<p>Continued From page 3</p> <p>A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible.</p> <p>B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting.</p> <p>C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind.</p> <p>D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering.</p> <p>E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 14514 7.8.2.48 LIGHTING AND LIGHTING FIXTURES:</p> <p>Based on observation and staff interview, the facility's practice failed to ensure lighting fixtures are provided, shaded, and protected from accidental breakage, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 76 and the census was</p>	A48		

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A48	Continued From page 5 Electrical Room across the corridor from the Storage Room south of the Library and the Resident Laundry Room. 3. The Administrator and the Plant Operations Supervisor both acknowledged these findings and stated that they would ensure that all light fixtures throughout the facility would be checked and provided with shielding devices.	A48	Light fixtures on third floor were checked and provided with required shielding devices this will be maintained on as needed basis. Plant Operations Supervisor and Maintenance Staff	6-9-07
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		

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A51	Continued From page 6 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 clearly recognizable. Hangings or draperies shall not be placed over exit doors or located to conceal or obscure any exit. Based on observation and staff interview, the facility failed to ensure that exit doors are not obscured or concealed in accordance with NFPA 101, Section 5-5.2.2, affecting all staff and residents. At the time of survey, the capacity of the facility was 76 with a census of 74 residents. The findings are: On May 24, 2007, between 2:30 pm and 5:30 pm, During a tour of the facility with the Administrator and the Plant Operations Supervisor, the Life Safety Code Surveyor observed the following: 1. (a) At the south end of the Health and Wellness Dining Area, the double exit doors leading to the exterior of the building were covered with drapery. (b) Within the Main Dining Room, the two sets of exit doors leading to the exterior were cover with drapery. 2. (a) The Administrator and the Plant Operations Supervisor stated that the reason for hanging draper over the exit doors in the dining areas was so the sun coming thought those exit doors did not bother the residents while they were dining. (b) The Administrator stated that the drapery would be removed from the exit doors as soon as possible. Based on observation and staff interview, the facility's practice failed to ensure that exit access such as stairwells are not used for storage areas	A51	First Floor Exits must be clear of obstruction at all times, exits, exit paths or means of egress shall not pass through hazardous areas closets, bedrooms, or spaces subject to locking. Exit doors are not to be obstructed or concealed in accordance with NFPA affecting all staff and residents, all draperies removed from exit doors in dining rooms. Plant Operations Supervisor and Maintenance Staff	6-25-07

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A51	Continued From page 7 and that those areas be maintained free and clear of obstructions as required, affecting all staff and residents. At the time of survey, the capacity of the facility was 76 with a census of 74 residents. The findings are: On May 24, 2007, between 2:30 pm and 5:30 pm, During a tour of the facility with the Administrator and the Plant Operations Supervisor, the Life Safety Code Surveyor observed the following: 1. (a) Within the South Exit Stairwell to the left of the exit door, there are employee lockers and an employee clothes hanging rack. (b) The Administrator stated that this was done for the convenience of the dietary staff. she stated that the lockers and the clothes rack would be removed and nothing else would be stored in the stairwell.	A51	First Floor Exit access such as stairwells are not used for storage areas and maintained free and clear of obstructions as required affecting all staff and residents. Removed all employee lockers from under stairwell, they were placed in staff lounge Plant Operations Supervisor and Maintenance Staff	6-18-07
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	A59	Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction that facility is in compliance with fire codes. Fire Marshall notified and inspection was done on 6-19-07 and annual inspection to be done thereafter. Plant Operations Supervisor and Maintenance Staff	6-19-07

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A59	Continued From page 8 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: 14514 Based on record review and staff interview, the facility's practice failed to ensure that the facility is inspected by the local fire prevention authority at least every twelve (12) months. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the census was 74 and the licensed capacity was 76. The findings are: 1. (a) Review of facility maintenance records with the Administrator on 5/24/07 at 2:45pm, revealed that the facility's last fire inspection was conducted on 3/14/06. (b) The Administrator and the Plant Operations Supervisor verified during interview at this time that a current fire inspection had not been conducted at the facility and ensured a fire inspection would be scheduled and conducted as soon as possible.	A59		
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. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]	A61	Sprinkler system installed under this standard shall be properly maintained for efficient service, and in good operating condition. Section 4-5.6 requires that the clearance between the deflector and the top of the storage shall be eighteen (18) inches or greater. Periodic inspections, tests and maintenance, of the equipment shall be in good operating condition.	

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A61	Continued From page 9 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 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	A61		

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A61	Continued From page 11 Supervisor both acknowledged these findings.	A61		