

SECOND SET

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5873	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ARISTOCRAT OF ALAMOG B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2010
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NAME OF PROVIDER OR SUPPLIER ARISTOCRAT OF ALAMOGORDO II (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 252 ROBERT BRADLEY DRIVE ALAMOGORDO, NM 88310
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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	OPENING REMARKS Surveyor: 21700 The following deficiencies were cited as a result of an annual survey conducted on 1/20/10 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A43	7 NMAC 8.2.43 Maintenance of Building & 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 system (as applicable). B. The building, furniture and furnishing, 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. [7-1-84, 9-15-70, 9-24-76, 7-11-88, 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: 21700 Refer to 7.8.2.43 - Maintenance of Building Based on observation, testing and staff interview, the facility failed to assure the building nurse call system be maintained and in good repair at a	A43	Call light system will be repaired and kept in working order.	4-10-10

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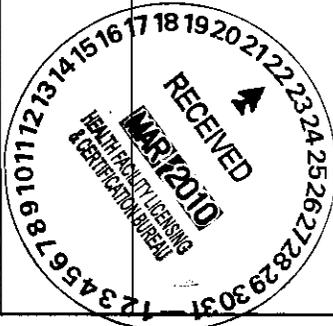


Division of Health Improvement <i>Jeanne Gonzales</i>	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Exec Director</i>	(X6) DATE <i>3-24-10</i>
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A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE 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: 21700 Refer to 7.8.2.43 - Maintenance of Building Based on observation, testing and staff interview, the facility failed to assure the building nurse call system be maintained and in good repair at all	A43	<i>Call light system will be repaired, and kept in working order.</i>	<i>4-10-10</i>



Division of Health Improvement

TITLE

(X6) DATE

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

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A43	Continued From page 1 times. This deficient practice affects all residents. The facility is licensed for 40 residents, and the census during the time of survey was 13. The findings are: On January 20, 2010, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following: 1. At 1:55 pm, the nurse call system that is installed and located in the restroom of resident room #21 failed to work when tested. a. The Administrator stated, "The nurse call system does not work." b. The nurse call system failed to work throughout the building.	A43		
A48	7 NMAC 8.2.48 Lighting & Lighting Fixtures 7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. 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. 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. 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. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption	A48		

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A48	<p>Continued From page 2</p> <p>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: 21700 Reference NFPA 101, 1997 Edition Section 5-9.3 requires that the emergency lighting system be tested every 30 days for at least 30 seconds and annually for at least 90 minutes. It also requires that written records of inspections and tests be maintained for inspection by the authority having jurisdiction.</p> <p>Based on observation and testing, the facility's practice failed to ensure emergency lighting is operational throughout the facility to illuminate all means of egress in the event of disruption of electrical service. This deficient practice has the potential to affect all staff and residents throughout the facility. The facility is licensed for 40 residents, and the census during the time of survey was 13. The findings are:</p> <p>On January 20, 2010, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following.</p> <ol style="list-style-type: none"> 1. At 3:20 pm, the emergency light fixture located at the lobby failed to illuminate when tested. <ol style="list-style-type: none"> a. The Administrator acknowledged this 	A48		

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A48	Continued From page 3 finding and agreed to address the concern.	A48		
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: 21700 Based on observation and staff interview, the facility failed to ensure exit and directional signs are displayed in accordance with NFPA 101, Section 5-10 with continuous illumination. This deficient practice potentially affects all residents and staff throughout the facility. The facility is licensed for 40 residents, and the census during the time of survey was 13. The findings are:	A51		

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A51	Continued From page 4 On January 20, 2010, during a tour of the facility with the Administrator, the Life Safety Code Surveyor observed the following: 1. The exit sign at the west exit door was not illuminated in both the normal and the emergency lighting mode. The exit sign would not have provided visible and clear direction of egress in the event of an emergency. a. The Administrator stated, "The exit sign is hard wired to the electrical switch." b. The exit sign does not have a battery back up fixture. This exit sign would not illuminate and provide for clear direction in the event of a disruption in electrical service.	A51		
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 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	A63		

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A63	<p>Continued From page 5</p> <p>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. The facility is licensed for 40 residents, and the census during the time of survey was 13. The findings are:</p> <p>On January 20, 2010, during a review of fire drill</p>	A63		

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A63	Continued From page 6 records with the Administrator, the Life Safety Code Surveyor observed the following: 1. During interview with the Administrator, it was stated that there are three (3) staff shifts per day as follows: Day shift from 7:00 am to 3:00 pm. Evening shift from 3:00 pm to 11 pm. Night shift from 11:00 pm to 7:00 am. 2. There was no evidence of a fire drill for the night shift (11pm-7am) between the dates of 04/30/09 and 01/20/10 date of survey. a. There was no further evidence available for review. b. The Administrator acknowledged this finding at the exit conference on 01/20/10.	A63		