

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 ALAMO B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2009
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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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A 01	<p>OPENING REMARKS</p> <p>Surveyor: 25921</p> <p>The following deficiencies were cited as a result of an annual survey conducted on February 17, 2009, 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		
A51	<p>7 NMAC 8.2.51 Exits</p> <p>7.8.2.51 EXITS:</p> <p>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.</p> <p>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.</p> <p>C. Exits must be clear of obstructions at all times.</p> <p>D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking.</p> <p>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:</p> <p>Surveyor: 25921</p> <p>Based on observation and staff interview, the facility failed to ensure exit and directional signs</p>	A51	<p><i>Scanned 03-09-09</i></p> 	

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

TITLE
Exec. Director

(X6) DATE
3/2/09

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A51	Continued From page 1 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 licensed capacity of the facility is 41, the census during the survey was 13. The findings are: On February 17, between 1:30 pm and 3:30 pm, during a tour of the facility with the Medication Technician, the Life Safety Code Surveyor observed the following: 1. The exit signs 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. 2. During the exit conference, the Executive Director stated that she thought it had been corrected, but would have the Maintenance staff correct the deficiency.	A51	A51 Exit Sign has been repaired, and will remain in working order. Exit Signs will be checked during fire drills, and documented by person conducting the drill.	2/28/09
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: 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. 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	A60		

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A60	Continued From page 2 must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (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. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [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: 25921 Based on observation, and staff interview, the facility's practice failed to ensure that the fire alarm system and its components (including heat detectors) are installed, tested and maintained in accordance with NFPA 72 (National Fire Alarm Code). This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 41, the census during the survey was 13. The findings are: On February 17, between 1:30 pm and 3:30 pm, during a tour of the facility with the Medication Technician, the Life Safety Code Surveyor observed the following: 1. With in the Kitchen, the presents of a heat detector was not in evidence. 2. The Executive Director acknowledged this finding at the exit conference.	A60	A60 Heat detector will be installed, and tested yearly. A60 Sensitivity testing will be preformed on Smoke detectors by 3/23/09, and every 2 years thereafter.	3/18/09 JG 3/18/09 3/18/09 JG 3/18/09

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A60	Continued From page 3 Based on documentation reviewed and staff interview, the facility's practice failed to ensure the fire alarm system and its components are inspected and maintained in accordance with (NFPA 72 H-1984,4-1), National Fire Alarm Code which requires sensitivity testing of the smoke detection devices. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 41, the census during the survey was 13. The findings are: On February 17, between 1:30 pm and 3:30 pm, during a review of the facility maintenance records with the Medication Technician, the Life Safety Code Surveyor observed the following. 1. During a review records with the Medication Technician revealed no evidence that sensitivity testing is performed on the smoke detectors. 2. The Executive Director acknowledged this finding at the exit conference.	A60		
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	A63		

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A63	Continued From page 4 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] This REQUIREMENT is not met as evidenced by:	A63	A63 Fire alarm will be ongoing Sounded each month. On months silent drills are conducted, the alarm will be pulled sometime within the month, to make sure it is working properly. This will be documented by the person conducting the drill each month.	

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A63	<p>Continued From page 5</p> <p>Surveyor: 25921 NFPA 72, 1999 Edition: Section 7-1.1.1 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>D. FIRE DRILLS:</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure that fire drills are conducted monthly using the fire alarm system in accordance with NFPA 72 (National Fire Alarm Code) and NMAC 7.8.2.63. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 41, the census during the survey was 13. The findings are:</p> <p>On February 17, between 1:30 pm and 3:30 pm, during a review of the facility maintenance records with the Medication Technician, the Life Safety Code Surveyor observed the following.</p> <p>1. The fire drill records revealed that during the months of January, April, July, October and November, the facility had conducted silent fire drill(no alarm system). Documentation for testing of the fire alarm system was not in evidence for</p>	A63		

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A63	Continued From page 6 these months. 2. The Executive Director stated that the facility would start testing and documenting the fire alarm system monthly as required.	A63		