


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5720	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2008
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS RIO RANCHO	STREET ADDRESS, CITY, STATE, ZIP CODE 820 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124
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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
A 01	<p>OPENING REMARKS</p> <p>The following deficiencies were cited as a result of an annual survey conducted on November 20, 2008, 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		
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.</p> <p>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:</p> <p>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]</p>	A60	<p><i>Scanned 5/21/09 CR</i></p> 	

Division of Health Improvement

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

[Handwritten Signature]

TITLE
General Manager
 (X5) DATE
5/21/09

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A60	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to ensure all required smoke detectors are approved, maintained, inspected and tested in accordance with the NFPA 72, which requires initiator devices within 5 feet of either side of the doors that are held open. Potentially affecting all residents and staff throughout the facility. The licensed capacity of the facility is 76, the census during the survey was 74. The findings are</p> <p>On November 20, 2008, between 8:30 am and 12:00 pm, during a tour of the facility with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following.</p> <ol style="list-style-type: none"> Smoke doors located between resident rooms 319 & 320 did not have a smoke detector located on either side of the smoke doors within five (5) feet of the smoke doors. Smoke doors located between resident rooms 302 & 304 did not have a smoke detector located on either side of the smoke doors within five (5) feet of the smoke doors. Smoke doors located between resident rooms 219 & 220 did not have a smoke detector located on either side of the smoke doors within five (5) feet of the smoke doors. Smoke doors located between resident rooms 202 & 204 did not have a smoke detector located on either side of the smoke doors within five (5) feet of the smoke doors. The Maintenance Supervisor stated that they wanted to comply with the regulations. 	A60	<p>7.8.2.60</p> <p>Deficiencies were corrected by contractor Simplex Grinnell .</p> <p>Work was completed by Simplex Grinnell on February 06, 2009.</p> <ol style="list-style-type: none"> Smoke detectors were added/moved to within 5 ft of doors by 319 & 320. Smoke detectors were added/moved to within 5ft of doors by 302 & 304 Smoke detectors were added/moved to within 5 ft of doors by 219 & 220 Smoke detectors were added/moved to within 5 ft of doors by 202 & 204 Documentation of work is on file in the maintenance office. 	

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A60	Continued From page 2 Based on record review and staff interview, the facility's practice failed to provide for testing of smoke detectors for sensitivity as required. Without this testing, the facility has no assurance that the smoke detectors would function reliably. This deficient practice Potentially affecting all residents and staff throughout the facility. The licensed capacity of the facility is 76, the census during the survey was 74. The findings are On November 20, 2008, between 8:30 am and 12:00 pm, during a review of the facility maintenance records with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following. 1. During a review records with the Maintenance Supervisor revealed no evidence that sensitivity testing is performed on the smoke detectors. 2. At this time, the Director of Maintenance stated during interview that the fire alarm company would be notified to include sensitivity testing on their inspection forms.	A60	7.8.2.60 Simplex Grinnell has been contracted to provide sensitivity testing as part of the regular testing and maintenance that they provide. Sensitivity testing will be conducted during the scheduled quarterly service on 3/10/2009	
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	A61		

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A61	<p>Continued From page 3</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to assure that the building elements, which are attached to the building, are equipped with a sprinkler system and used by the facility residents, staff and visitors, was installed and maintained in accordance with the Life Safety Code and NFPA 13. Roofing and Canopies that extend more than 4 feet from the building and are connected to the building must be equipped with sprinklers. This practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 76 and the census was 74. The findings are:</p> <p>On November 20, 2008, between 8:30 am and 12:00 pm, during a tour of the facility with the Maintenance Supervisor, the surveyor observed the following:</p> <ol style="list-style-type: none"> At the kitchen entrance to the facility used by staff and vendors was a canopy that measured 8 feet by 40 feet and was not protected by a sprinkler system. The Maintenance Supervisor stated that the sprinklers were being upgraded and that the coverage would be added. 	A61	<p>Canopy sprinkler has been contracted by our fire system vendor Simplex Grinnell</p> <p>Sprinkler system to be added at Kitchen entrance for covered canopy area.</p> <ol style="list-style-type: none"> Contacted to add sprinkler to canopy at kitchen entrance. <p>Expected installation and completion by 4/24/09</p>	