

Division of Health Improvement

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 03/19/2009
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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	<p>OPENING REMARKS</p> <p>Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on March 19, 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	<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.</p> <p>The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law.</p>	
A43	<p>7 NMAC 8.2.43 Maintenance of Building & Grounds</p> <p>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:</p> <p>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).</p> <p>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.</p> <p>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.</p> <p>D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-84, 9-15-70, 9-24-78, 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: 25921 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS:</p> <p>Based on observation, review of documentation and staff interview, the facility's</p>	<p>A43</p> <p><i>Scanned 05-06-09</i></p>	<p>A 43 7 NMAC 8.2.43 Maintenance of Buildings & Grounds</p> <p><u>1. State what particular steps will be taken to correct the situation and who will monitor for continued compliance.</u></p> <p>A. A battery tester will be purchased and test results will be documented on the weekly generator test sheet.</p> <p>B. Identifying Natural Gas placards will be purchased and affixed to the generator and to the generator room.</p> <p>C. The maintenance coordinator and executive director will continue to monitor.</p>	



<p>Division of Health Improvement</p> <p><i>[Signature]</i></p> <p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</p> <p>TITLE FORM</p>	<p>TITLE</p> <p><i>ED</i></p>	<p>(X5) DATE</p> <p><i>4/27/09</i></p> <p>If continuation sheet 1 of 9</p>
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A43	<p>Continued From page 1</p> <p>practice failed to ensure that the specific gravity of the emergency generator batteries are inspected monthly as per NFPA 110 for generators and emergency power systems. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 40, the census during the survey was 30. The findings are:</p> <p>On March 19, 2009, between 8:30 am and 11:30 am, during a review of the facility maintenance records with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following.</p> <ol style="list-style-type: none"> 1. Review of documentation showed no evidence that testing of specific gravity for the generator batteries was being conducted. 2. When questioned by the surveyor, the Maintenance Director stated that he was unaware of the testing and documentation requirements. <p>NFPA 30- Flammable and Combustible Liquids Code 200 Edition Chapter 2-Tank Storage 2.6.2.2 Unsupervised, isolated aboveground storage tanks shall be secured and marked in such a manner as to identify the fire hazards of the tank and the tank ' s contents to the general public. The area in which the tank is located shall be protected from tampering or trespassing, where necessary.</p>	A43		

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A43	Continued From page 2 Based on observation and staff interview, the facility fail to ensure that the Emergency Electrical System was maintained in accordance with NFPA 99 (Health Care Facilities), NFPA 110 (Standard for Emergency and Standby Power Systems), and NFPA 30 (Flammable and Combustible liquids) requiring identification of a fuel source. This deficient practice potentially affects all staff, residents and visitors throughout the facility. At the time of survey the facility is licensed for 40 residents and the current census is 30, findings are: On March 19, 2009, between 8:30 am and 11:30 am, during a tour of the facility, with the Maintenance Director, the Life Safety Code Surveyor observed the following 1. There was no identifying placard in evidence as required on the fuel supply for the generator. 2. The Maintenance Director stated that signage would be added to correct the deficiency.	A43	A 48 NMAC 8.2.48 Lighting and Lighting Fixtures <u>1. State what particular steps will be taken to correct the situation and who will monitor for continued compliance.</u> A. The emergency battery back up located at the Bank will be replaced. B. The emergency battery back up between rooms 416 and 417 will be replaced. C. The left lamp of the emergency back up light located at the south exit will be replaced. D. The maintenance coordinator and the executive director will monitor during monthly inspections and rounds.	
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	A48		

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A48	<p>Continued From page 3</p> <p>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: 25921 Reference NFPA 101, 2000 Edition Section 7.9.2 requires that the emergency illumination shall be provided for not less than 1.5 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle (1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6 lux) and, at any point, not less than 0.06 ft-candle (0.6 lux) at the end of the 1.5 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.</p> <p>Based on observation, record review and staff interview, the facility's practice failed to ensure periodic testing of the emergency lighting system.</p>	A48		

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A48	Continued From page 4 This deficient practice affects all staff and residents throughout the facility. At the time of survey, the census was 40 and the licensed capacity was 30. The findings are: On March 19, 2009, between 8:30 am and 11:30 am, during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. The emergency battery back up light fixture located at the Bank failed to illuminate when tested. 2. The emergency battery back up light fixture located between residents rooms 416 and 417 exits failed to provide the necessary lighting of 1 ft-candle when tested. 3. The left lamp of the emergency battery back up light fixture located at the south exit failed to illuminate when tested. 4. The Maintenance Director stated that the emergency lighting system would be corrected.	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.	A51		

Division of Health Improvement

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A51	Continued From page 5 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: 25921 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 licensed capacity of the facility is 40, the census during the survey was 30. The findings are: On March 19, 2009, between 8:30 am and 11:30 am, during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. The exit located within the Ice cream parlor did not have an exit sign indicating that the door was in fact an exit from the facility in the event of an emergency. 2. The Maintenance Director stated that the deficiency would be corrected.	A51	A51 7 NMAC 8.2.51 Exits <u>1. State what particular steps will be taken to correct the situation and who will monitor for continued compliance.</u> A. An exit sign will be purchased and installed in the over the Exit door of the Ice cream Parlor. B. The maintenance coordinator and executive director will monitor during monthly inspections and rounds.	
A59	7 NMAC 8.2.59 Fire Clearance & Inspections 7.8.2.59 FIRE CLEARANCE AND	A59		

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A59	Continued From page 6 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: 25921 Based on documentation reviewed and interview, the facility failed to keep a record of the annual inspection report of the Local Fire Authority, as required by the Life Safety Code (NFPA 101) and NMAC 7.8.2. This deficient practice potentially affects residents and staff throughout the facility. The licensed capacity of the facility is 40, the census during the survey was 30. The findings are: On March 19, 2009, between 8:30 am and 11:30 am, during a review of the facility maintenance records with the Maintenance Director, the Life Safety Code Surveyor observed the following.	A59		

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A59	Continued From page 7 1. There was no evidence of documentation that the facility was inspected by the local fire prevention authority at least every twelve (12) months. The last inspection for review was dated 2/1/07. 2. The facility's records did reveal, that the facility had called for an inspection from the local Fire Authority on 3/2/2008, but no evidence that any other attempts for an inspection had been requested within in the last 12 months. 3. The Maintenance Director stated that the Local Fire Authority would be contacted for an inspection request immediately.	A59	A 59 7 NMAC 8.2.59 Fire Clearance & Inspections <u>1. State what particular steps will be taken to correct the situation and who will monitor for continued compliance.</u>	
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 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	A60	A. The maintenance coordinator will continue to call the City of Albuquerque Fire Marshall to request an inspection of the community at least monthly, and document the contact, until the inspection is completed. B. The maintenance coordinator will call and notify the executive director until the inspection is completed.	

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A60	<p>Continued From page 8</p> <p>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. [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> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on record review and staff interview, the facility's practice failed to provide record of testing the 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 affects all staff, residents and visitors. At the time of survey the facility was licensed for 40, current census is 30. The findings are:</p> <p>On March 19, 2009, between 8:30 am and 11:30 am during a review of the facility maintenance records with the Maintenance Director, the Life Safety Code Surveyor observed the following.</p> <p>1. During a review records with the Maintenance Supervisor the facility file revealed no evidence that sensitivity testing is performed on the smoke detectors.</p> <p>2. At this time, the Maintenance Director stated during interview that a contractor would conduct the sensitivity testing .</p>	A60	<p>A 60 7 NMAC Fire Alarms, Smoke Detectors and other Equipment</p> <p><u>1. State what particular steps will be taken to correct the situation and who will monitor for continued compliance.</u></p> <p>A. The maintenance coordinator will have the contractor, Simplex Grinnell, test the sensitivity of smoke detectors on their quarterly inspections.</p> <p>B. The maintenance coordinator will request Documentation after testing and maintain records of the testing.</p>	