

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5831</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - WESTWIND HOUSE ASSI</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTWIND HOUSE ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121</b>		
(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	<b>OPENING REMARKS</b>  Surveyor: 21700  The following deficiencies were cited as a result of an annual life safety code survey conducted on 07/26/07 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A62	<b>7 NMAC 8.2.62 FIRE EXTINGUISHERS</b>  7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700  Reference Tag B. OTHER FIRE FIGHTING EQUIPMENT:  Based on observation, record review and staff interview, the facility's practice failed to ensure	A62	<i>ES Inspected 08-21-07</i>	

Division of Health Improvement

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

*Maria K. Lopez*

TITLE

*Administrator*

(X6) DATE

*8-12-07*

STATE FORM

**AUG 20 2007**

WU3021

If continuation sheet 1 of 2

Division of Health Improvement

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A62	Continued From page 1  cooking facilities are protected and inspected in accordance with NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations), affecting residents, staff and occupants of the facility. The licensed capacity of the facility is 48, the census during survey was 32. The findings are:  1. On 07/26/07 at 1:15 pm, review of the kitchen range hood inspection dated 04/18/06 revealed the following comment: "Nozzles in duct and plenum need to be up-graded to meet w/mfg UL-300 Fire Code." a. At this time, the Administrator stated during interview that the range hood would be upgraded to meet the UL-300 Standard.	A62	<p>① The range hood shall be upgraded to meet the UL-300 Fire Code standard within 30 days.</p> <p>② Although the unit is safe &amp; functional it is always preferred to be within current standards to protect the health &amp; safety of all our residents &amp; staff.</p> <p>③ The administrator shall abide by all recommendations made by the Fire Authorities to keep all equipment within required standards.</p> <p>④ Date of Completion 8/26/07</p>	