STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: **01** B. WING _____	**03/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNEY HOME INC	**2021 BARBARA AVENUE** **GALLUP, NM 87301**

(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 000	Initial Comments A Life Safety Code survey was conducted at the Bonney Home ALF at 2021 Barbara Ave in Gallup, on 03/30/16. The facility was found not in substantial compliance with the Life Safety Code portion of the New Mexico State regulations governing Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC The building is of type II construction and fully sprinklered. The census at the time of survey was sixteen (16) clients. The Evacuation Score is 3.12 (Slow). Facility is fully sprinklered. In addition, a variance was requested to increase the capacity, by utilizing room 3 as a doble occupancy. Room 3 is currently occupied with one client. The room is only 111 square feet. Variance is denied.	A 000		
A 044	7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation HEATING, AIR-CONDITIONING AND VENTILATION: A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents.	A 044		

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A 044	Continued From page 1 C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock. D. Fireplaces and open flame heating shall not be utilized in sleeping rooms. E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. The facility shall be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices. H. The facility shall have a system for maintaining the residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the exhaust fan located in the janitor closet, is functioning and exhausting to the exterior. This failed practice has the potential to allow chemical fumes to accumulate and	A 044		

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A 044	Continued From page 2 spread into the south corridor, which may lead to potential harm from noxious odors to all sixteen (16) residents as identified by the client census list, provided by the Assistant Manager, on 03/30/16. The findings are: A. On 03/30/16 at 1:55 am, observation of the exhaust fan in the janitor's closet was not functioning. B. On 03/30/16 at 1:56 am, the Assistant manager stated she was not aware the fan was not functioning, acknowledging this finding.	A 044		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall 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 shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for	A 047		

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A 047	Continued From page 3 use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Life Safety Code 101/2000 7.9.3 Periodic Testing of Emergency Lighting Equipment A functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Based on record review and interview, there were no indication the emergency lighting devices were tested. This failed practice may result in the failure of said devices during a power failure, leaving the path of egress (path to a public way) in darkness, resulting in potential injury from falls, to all sixteen (16) clients, as identified on the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. During record review, there were no records to indicate the Emergency Lighting devices were being tested at 30 day intervals and annually. B. On 03/30/16 at 1:05 am, the Assistant Manager stated she did not have monthly/annual Emergency Lighting test records, acknowledging this finding.	A 047		

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A 048	Continued From page 4	A 048		
A 048	7 NMAC 8.2.48 Electrical System ELECTRICAL SYSTEM: A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances shall be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords shall not be used. The use of a multi-socket united laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) feet in length is permitted for the intended purpose and not as an extension cord. [7.8.2.48 NMAC - Rp, 7.8.2.49 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: NFPA 70 National Electric Code 210.8 Ground Fault Circuit Interrupter Protection for Personnel 210.8 (B) Other than dwelling units. All 125 volt, single phase, 15 and 20 ampere receptacles installed in the locations specified in 210.8 (B)(1) through (8) shall have ground fault circuit interrupter protection for personnel. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors Exception 1: to (3) and (4): Receptacles that are	A 048		

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A 048	Continued From page 5 not readily accessible and are supplied by a branch circuit dedicated to electric snow melting, de-icing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22 as applicable. Exception 2: to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B) (2)shall be permitted for only those receptacles outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection. (5) Sinks - where receptacles are installed within 6 ft. of the outside edge of the sink. Exception 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection. Exception 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required. (6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.	A 048		

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A 048	Continued From page 6 314.25: Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B) 406.5(F): Receptacles shall be enclosed so that live wiring terminals are not exposed to contact. Based on observation, the facility failed to provide a Ground Fault Circuit Interrupter Outlet (GFCI) for the washing machine in the laundry room. This failed practice has the potential to harm by electric shock, all sixteen (16) clients and staff, as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. On 03/30/16 at 1:45 am, observation of the washing machine plugged in to a standard wall outlet. B. On 03/30/16 at 1:46 am, the Assistant Manager stated she was not aware that a GFCI outlet was required, acknowledging this finding. .	A 048		
A 060	7 NMAC 8.2.60 Fire Clearence and Inspections FIRE CLEARANCE AND INSPECTIONS: A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal ' s office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire	A 060		

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A 060	Continued From page 7 department does not provide an 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. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to have an annual fire inspection by the authority having jurisdiction. This failed practice may cause the facility to have fire and life safety hazards. This may lead to injury/death by fire/smoke to all sixteen (16) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. During record review of fire inspections, the last fire inspection by the authority having jurisdiction was dated 11/11/14. B. On 03/30/16 at 10:11 am, during interview, the Assistant Manager acknowledged here were no fire inspections conducted in 2015 and to date in 2016.	A 060		
A 061	7 NMAC 8.2.61 Fire Alarms, Smoke Detectors and Other Equip FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. Fire alarm system. Facilities with four (4) or more residents shall have a manual fire alarm system. The manual fire alarm shall be inspected	A 061		

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A 061	Continued From page 8 and approved in writing by the fire authority with jurisdiction. B. Smoke and heat detection. Approved smoke detectors shall be installed on each floor that when activated provides an alarm which is audible in all sleeping areas. Areas of assembly, such as the dining and living room(s) 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 shall be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all kitchens and also powered by the house electrical service. [7.8.2.61 NMAC - Rp, 7.8.2.60 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Reference NFPA 72, 1999 Edition 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be	A 061		

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A 061	Continued From page 9 maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. 7-5.2.2 A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure	A 061		

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A 061	Continued From page 10 7-5.2.2. (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested, for example, tests performed in accordance with Section 7-2 and 7-3 (8) Functional test of detectors (9) * Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Other tests as required by equipment manufacturers (13) Other tests as required by the authority having jurisdiction (14) Signatures of tester and approved authority representative (15) Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place) Based on record review and interview, the facility failed to ensure the facility's smoke detectors were tested for sensitivity at least every two years as required by NFPA 72 (National Fire Alarm Code). This deficient practice will likely result in the facility having no assurance the smoke detectors would detect smoke within their listed	A 061		

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A 061	Continued From page 11 sensitivity, which presents a risk of potential harm to all sixteen (16) clients, as identified by a Client Census list provided by the Assistant Manager on 03/30/16. The findings are: A. During record review of the Fire Alarm inspection records, there was no evidence the smoke detector sensity testing was conducted every two years as required. B. On 03/20/16 at 1:39 pm, during interview, the Assistant Manager stated she was not aware that smoke detector sensitivity testing was required, acknowledging this finding.	A 061		
A 062	7 NMAC 8.2.62 Automatic Fire Protection (Sprinkler) System AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with NFPA 13 or NFPA 13D or its subsequent replacement as applicable. [7.8.2.62 NMAC - Rp, 7.8.2.61 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the automatic sprinkler system was inspected quarterly as required by NFPA 25 (Inspection, Testing and Maintenance of Water Based Fire Protection Systems). This failed practice may result in the sprinkler system failure in the event of a fire incident, which has the potential to harm, all sixteen (16)clients as	A 062		

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A 062	Continued From page 12 identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. During record review of the sprinkler maintenance records, there have been no quarterly inspections between 03/27/15 and 02/26/16 B. On 03/30/16 at 1:20 pm, during interview, the Assistant Manager confirmed the 2015 quarterly inspection records were not avaiable.	A 062		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 065		

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A 065	Continued From page 13 by: Based on record review and staff interview, the facility failed to conduct fire drills on Tour II as required by code. This failed practice may lead to the staff not being prepared and knowledgeable of their duties in the event of a fire which would delay evacuation. This has the potential to harm, by fire/smoke, all sixteen (16) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. During review of the Fire Drill records, it is noted that no fire drills were conducted on tour II between July 2015 and March 2016. The facility has two (2) shifts: Shift 1: 6:00 am to 6:00 pm Shift 2: 6:00 pm to 6:00 am B. On 03/30/16 at 12:40 pm during interview, the Assistant Manager stated she has not always conducted fire drills on tour 2, acknowledging this finding.	A 065		
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed 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 shall be instructed as part of their duties to constantly strive to detect and eliminate	A 066		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: **01** B. WING _____	**03/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNEY HOME INC	**2021 BARBARA AVENUE** **GALLUP, NM 87301**

(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 066	Continued From page 14 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 admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night. (2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced. (3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes. (5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on record review and interview, there is no indication of Staff and Resident Fire and Safety Training, annually and for new hires. This failed practice may lead to the staff not being prepared	A 066		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 066	Continued From page 15 in the event of a fire or other emergency, which has the potential to harm by delayed evacuation, all sixteen (16) clients as identified by the client census list provided by the Assistant Manager on 03/30/16. The findings are: A. During record review of staff training, there is no records to show staff Fire and Safety Training annually or for new hires. B. On 03/30/16 at 1:15 pm, the Assistant Manager stated staff is trained upon hire but, annual training has not been conducted, acknowledging this finding.	A 066		