STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2283	A. BUILDING: **01** B. WING _____	C **02/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA SANDIA	**8604 CAMINO OSITO NE** **ALBUQUERQUE, NM 87109**

(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 Investigation of Complaint, NM #29927 The ALF Surveyor was intervied as was the owner of the facility. The IJ was lifted, as the owner transfered three (3) residents that required a minimum of two (2) person assistance to facilities that are capable of providing the required care. This was completed with the help of Hospice Services. In addition, additional staff was provided to bring the FSES Evacuation score to a Prompt rating (1.48). However, it was determined that a complete Life Safety Code survey should be conducted. It was found that the facility was found not to be in substantial compliance with Requirements for Assisted Living Facilities, 7.8.2 NMAC.	A 000		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]	A 042		

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A 042	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the walls in the S/E Define bathroom were intack, with no penetrations. This failed practice has the potential to allow mold to form from the moisture in the bathroom, leading to potential illness to all five (5) residents, as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 1:30 pm, observation of a large opening approximately 8" X 18" in size, in the wall behind the toilet. B. On 02/26/16, at 1:22pm, during interview, the owner stated there was a leak behind the wall. It was repaired and I am letting the area dry. I did have the area tested for mold and it was negative. He acknowledged this finding. Based on observation and interview the facility failed to ensure the driveway area for handicapped parking and the exit walkway in the rear of the building had areas of uneven surfaces > 1/2 inch. This failed practice presents fall/trip hazards, which may cause injury to all five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 2:00 pm, observation of cracking/crumbling concrete on surface of the driveway creating fall/trip hazards. B. On 02/26/16 at 2:20 pm, observation of uneven surfaces, 1/2 inch along the exit walkway in the rear of the building.	A 042		

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A 042	Continued From page 2 C. On 02/26/16at 2:22pm, during interview, the owner stated he was aware of these conditions and was researching methods of repair. He acknowledged this finding.	A 042		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire	A 043		

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A 043	Continued From page 3 resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all penetrations in the walls of the furnace/hot water heater room were sealed with approved fire stopping material, maintaining a one hour fire rated enclosure. In the event of a fire, this failed practice may allow the fire to spread to other areas of the facility, which may lead to potential harm by fire/smoke to all five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 3:15pm, observation of openings/penetrations around the piping where it exits the room. B. On 02/26/16 at 3:15 pm, observation of a 1.5 inch gap at the bottom of both doors to the furnace/hot water heater room B. On 02/26/16 at 3:17 pm, during interview, the owner stated he was not aware of the penetrations, and did not realize there was a large gap at the bottom of each door, acknowledging these findings.	A 043		
A 048	7 NMAC 8.2.48 Electrical System ELECTRICAL SYSTEM: A. All fuse and breaker boxes shall be labeled to	A 048		

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A 048	Continued From page 4 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: Based on observation and interview, the facility failed to ensure the circuit breakers for the main electrical panel were labeled, identifying what each circuit breaker is for and not having proper outlet coverings. These failed practices may result in a critical circuit being inadvertently shut off, which may place the fire alarm system out of service. Additionally, this may lead to an electrical fire, being unable to shut off a circuit that may be overheated and electric shock.This may result in harm by fire/smoke and electric shock to all five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 1:25 pm, observation of the circuit breakers in the main electrical panel were not labeled.	A 048		

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A 048	Continued From page 5 B. On 02/26/16 at 1:30 pm, observation of a missing outlet cover allowing exposed wires on the outlet on the south wall of resident room 6. B. On 02/26/16 at 1:31pm, during interview, the owner stated he was not aware the these issues, acknowledging this finding. 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 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.	A 048		

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A 048	Continued From page 6 (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. 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 and interview, the facility failed to ensure the outlet located under the kitchen sink was a Ground Fault Circuit Interupter (GFCI) outlet. This failed practice may result in electric shock to staff and five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are:	A 048		

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A 048	Continued From page 7 A. On 02/26/16 at 3:20 pm, observation of the dishwasher and garbage disposal unit plugged into a standard wall outlet under the kitchen sink. C. On 02/26/16 at 3:21 pm, the surveyor tested the outlet, determining that it was not a GFCI outlet. B. On 02/26/16 at 3:22pm, during interview, the owner stated he was not aware the outlet was not on a GFCI circuit, acknowledging this finding.	A 048		
A 049	7 NMAC 8.2.49 Doors DOORS: A. No door in any means of egress shall be locked against egress when the building is occupied. (1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided these devices are operable from the inside, by any occupant, without the use of a key, tool, or any special knowledge and are mounted at a height not to exceed forty-eight (48) inches above the finished floor. (2) If locks are not readily operable by all occupants within the building, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing authorities having jurisdiction. B. All exit doors shall have a minimum width of thirty-six (36) inches. (1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward. (2) Facilities with a capacity of fifty (50) or more	A 049		

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A 049	Continued From page 8 residents must provide panic hardware at the exit doors. (3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide. C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction. D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities. E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside. F. All doors shall readily open from the inside. G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms. [7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility had an active thumb style dead bolt on the front main exit and a locked key type dead bolt on the rear exit door. This deficient practice may cause the delay of an evacuation in the event of a fire or other emergency, which has the potential to harm by fire, all five (5) residents as identified by the resident census list, provided by the ownwer on 02/26/16. The findings are: A. On 02/26/16 at 1:17pm, observation of a thumb style deadbolt locking device on the front entrance/exit door. B. On 02/26/16 at 1:19pm, observation of a key type deadbolt locking device on the rear exit door.	A 049		

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A 049	Continued From page 9 This device was in the locked position. C. On 02/26/16, at 1:20pm, during interview, the owner stated the front door is connected to the fire alarm system and the rear door is locked due to the type of residents in the facility. He acknowledged these findings.	A 049		
A 050	7 NMAC 8.2.50 Exits EXITS: A. The facility shall have at least two (2) approved exits, that do not involve windows and which are remote from each other. B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. C. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. D. Exits shall be clear of obstructions at all times. E. Exits, exit paths, or means of egress shall not pass through hazardous areas, garages, storerooms, closets, utility rooms, laundry rooms, bedrooms, or spaces subject to locking. F. For facilities with four (4) or more residents, sliding doors are not acceptable as a required exit. EXCEPTION: Assisted living facilities with three (3) or fewer residents may have sliding doors as required exits. G. When the yard gate(s) is part of the exit access and is locked, the gate shall be connected to the fire protection system and release upon activation of the fire/smoke system or shall have the ability to be unlocked at the gate site. [7.8.2.50 NMAC - Rp, 7.8.2.51 NMAC,	A 050		

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A 050	Continued From page 10 01/15/2010] This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that access to the rear exit did not require passing through a resident room. This failed practice may lead to confusion and delay in exiting through the rear exit, leading to potential harm by fire/smoke to all five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 1:18pm, observation of, having to pass through a resident room #4, to access the rear emergency exit. B. On 02/26/16 at 1:18pm, during interview, the owner stated that is the way it was layed out when he took possesion of the facility, acknowledging this finding.	A 050		
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 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.	A 061		

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A 061	Continued From page 11 (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: Based on observation and interview, the facility failed to ensure that all compnents (Manual pull stations, Heat detectors, Smoke detectors) and Fire Alarm System wiring were installed and maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code. This failed practice may result in the failure of these devices, or the Fire Alarm system, in the event of a fire. This may lead to harm by fire/smoke to allfive (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. On 02/26/16 at 1:15 pm, during interview, it was determined that the facility did not have the required tool/key to reset the Manual Pull Stations. B. On 02/26/15 at 1:40 pm, observation of the smoke detector in the living area and in the dinining area were improperly mounted. Each was mounted directly against the beam of the ceiling.	A 061		

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A 061	Continued From page 12 C. On 02/26/16 at 1:42 pm, during interview, the owner stated he was not aware the detectors were mounted improperly, acknowledging this finding. D. On 02/26/16 at 3:15 pm, observation of the heat detector in the furnace/hot water heater room, above the hot water heater was hanging by the wiring. E. On 02/26/16 at 3:16 pm, observation of the fire alarm system wiring capped and hanging loose in the furnace/hot water heater room. F. On 02/26/16 at 3:17 pm, during interview the owner witnessed the heater detector and fire alarm system wiring, acknowledging these findings.	A 061		
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	A 065		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA SANDIA	**8604 CAMINO OSITO NE** **ALBUQUERQUE, NM 87109**

(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 065	Continued From page 13 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 by: Based on record review and interview, the facility failed to conduct fire drills on the 7pm to 7am shift since July 2015 when owner took over the facility. This failed practice may lead to the staff not being properly trained to evacuate the residents and notify the fire department in the event of a fire and, lead to injury/death by fire/smoke to all five (5) residents as identified by the resident census list provided by the owner on 02/26/16. The findings are: A. Record review of the fire drill records indicated that there were no fire drills conducted on the 7pm to 7am shift, since July 2015. B. On 02/26/16 at 3:25pm, during interview the owner acknowledged this finding.	A 065		