

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2019
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING AND MEMORY CAI		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 S PACHECO ST SANTA FE, NM 87505		
(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 On November 26, 2019, an initial life safety code survey was conducted at the above referenced facility per the provider's request. The facility is found in substantial compliance with the Life Safety Code portion of the New Mexico State Requirements for Assisted Living Facilities for Adults 7.8.2 NMAC. I recommend temporary licensure with the following conditions: 1. The fire alarm system was in the trouble and supervisory mode, which resulted in the facility instituting a fire watch. The system trouble and supervisory signals resulted from a failed sprinkler piping coupler that also saturated the smoke detector in resident room #232 located in the memory care unit. The sprinkler coupler had already been repaired, however, the smoke detector was in the process of being replaced. On 11/27/19, correspondence was received by this office via email from the facility indicating the smoke detector was replaced and the fire alarm system is now in the normal mode. The facility shall monitor the sprinkler piping in this area to ensure no leaks are present. 2. The drywall ceiling in resident room #232 has water damage, which resulted from the failed sprinkler piping coupler. This room shall not be occupied until the ceiling has been repaired.	A 000		

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

TITLE

(X6) DATE