Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4029	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBUQUERQUE UPTOWN ASSISTED LIVING, INC	**7611 INDIAN SCHOOL RD NE** **ALBUQUERQUE, NM 87110**

(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 October 10, 2017 an initial Life Safety Code survey was conducted at the above referenced facility per the provider's request. The Uptown Assisted Living facility is in an existing building with three newly constructed additions. The following deficiencies were found: 1. Exhaust fan in the janitor closet on the second floor was not in constant operation. 2. Elevator equipment room had two unsealed penetrations on west wall. 3. The mechanical room door on the second floor had a 12in X 24in ventilating louver. 4. Fire Alarm circuit breaker not locked. On October 12, 2017 correspondence and photos of the corrected deficiencies were received by this office via email from the Facility Manager. The facility is found to be in substantial compliance with the Life Safety Code portion of the New Mexico State Regulations for Assisted Living Facilities for Adults, 7 NMAC 8.2.	A 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE