Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2162	A. BUILDING: _____ B. WING _____	R-C 10/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TRAMWAY RIDGE #2	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

Kristin Middleton, Executive Director
3.27.2020

(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 The following deficiencies were cited during a Revisit/Follow-up survey completed on 09/25/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	(A 000)	06/30/2022 POC 2019 A20	
(A 020)	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the	(A 020)	The BOM (business office manager) & The Executive Director will be responsible For the following~ The facility will review all current resident Admission/Discharge Agreements to ensure: 1. That the Refund Upon Death policy is in compliance with Senate Bill SB0335-2013 and Regulations for Assisted Living 7 NMAC 8.2.20. 2. That the Agreements state that it can be terminated by the facility "if" an appropriate placement has been found for the resident. Current resident Admission/Discharge Agreements will be updated with the correct information and an addendum will be signed by all residents and/or Legal Representatives. Going forward, new resident Admission/Discharge Agreements will updated with the correct information. Will be completed by 7/31/2022	

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Shannon Weathers 6/8/21

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(A 020)	Continued From page 1 resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency;	(A 020)		

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(A 020)	Continued From page 2 (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:	(A 020)		

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(A 020)	Continued From page 3 (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]	(A 020)		

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(A 020)	Continued From page 4 This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (12) This is a uncorrected deficiency from survey dated 05/14/19 SB0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and	(A 020)		

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(A 020)	Continued From page 5 charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview the facility failed to ensure that the: 1. Admission/Discharge Agreements included a refund upon death policy in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013. 2. Agreement may be terminated "if" an appropriate placement is found for the resident. These deficient practices have the potential for all 45 (R #s 1-45) residents identified on the census provided by the Executive Director on 09/24/19, to be at risk of: 1. The resident's estate or responsible party suffering financial hardship by not receiving the refund that is due upon the resident's death or being aware of additional charges that may be owed. 2. Becoming homeless if they do not have a place to go before being discharged. The findings related to the Admissions/Discharge agreement:	(A 020)		

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(A 020)	Continued From page 6 A. Record review of R #4's Admission/Discharge agreement dated 06/29/13 revealed, that it did not include the following information: 1. A refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013. 2. The agreement may be terminated "if" an appropriate placement is found for the resident. B. Record review of the facility's current (blank) Admission/Discharge agreement revealed, it was not in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013. C. On 10/01/19 at 2:00 pm, during an interview with the Executive Director, she confirmed that neither R #4's or the facility's current Admission/Discharge Agreements included: 1. A refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013. 2. The agreement may be terminated "if" an appropriate placement is found for the resident.	(A 020)	[redacted] Plan of Correction 2. Refund. In accordance with Section IV, we will refund a prorated share of the Monthly Service Rate if this Agreement is terminated before the end of a month: a. following thirty (30) days written notice; b. because you require care that is not offered by us; or c. by reason of death. Refunds will be prorated (using 30.5 days to calculate the Daily Rate) from the later of the termination date or the date by which you have vacated and all of your belongings are removed from Community. Unless prohibited by law, you agree we may offset such refunds by any amount due under the terms of this Agreement. 2. Discharge policy will be added to all new Move in packets to share with resident and families. 3. Business Office Manager, Sales & Marketing Manager and Executive Director inserviced on 11/8/19 of correct contract and addendum to current contract. Executive Director, or designee, to monitor new contract signings, as well as current resident addendums and report to QA for 3 months.	11/15/19
(A 022)	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of	(A 022)		

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(A 022)	Continued From page 7 occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency;	(A 022)		

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(A 022)	Continued From page 8 (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and	(A 022)		

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(A 022)	Continued From page 9 (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance	(A 022)		

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(A 022)	Continued From page 10 directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.22 D (17) This is a uncorrected deficiency from survey dated 05/14/19 Based on record review and interview the facility failed to ensure that the required Personnel Policies and Procedures were complete, on file at the facility, and available for review. This deficient practice has the potential for all 45 (R #s 1-45) residents identified on the census provided by the Executive Director on 09/24/19, to be at risk of harm if the facility's Personnel Policies and procedures are incomplete and unavailable to the	(A 022)		

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(A 022)	Continued From page 11 Direct Care Staff (DCS) so they know how to provide good care/services to the residents. The findings are: A. Record request for the facility's Personnel Policies and Procedures, revealed that they were incomplete and not available to review. B. On 10/01/19 at 2:00 pm, during an interview with the Executive Director, she confirmed that the above policies and procedures were incomplete or were not available to review.	(A 022)	1. Policy & Procedure Books are located in the Executive Director's office and the Health & Wellness Director's office, as well as the medication rooms. Staff inserviced on location of the policies & procedures. Executive Director, or designee, to ensure books are in place and report to QA for the next 3 months.	11/1/19
(A 038)	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC,	(A 038)		

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(A 038)	Continued From page 12 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 A C This is a uncorrected deficiency from survey dated 05/14/19 Based on observation and interview, the facility failed to ensure all areas of the interior of the facility were maintained in a safe, clean, orderly manner and free from safety hazards. These deficient practices have the potential for all 45 (R #s 1-45) residents identified on the census provided by the Executive Director on 09/24/19, to be at risk of harm, illness, injury, or death if they are exposed to germs and bacteria because the facility is is not kept clean, safe, sanitary and in good repair. The findings are: Findings related to the 1st floor Servery A. On 09/23/19 at 3:30 pm, during observation of the 1st Floor Servery revealed: 1. Inside the (newly installed) cabinet under the sink had water puddling from water leaking under the sink. 2. Flooring between refrigerator and dishwasher was dirty and had black areas. (possibly mold). 3. One (1) approximately 12" X 4" hole in the wall under the sink and in the cabinet. B. On 09/24/19 at 12:20 pm, during interview, with the Dining Service Coordinator, she confirmed the findings observed in the 1st floor Servery.	(A 038)		

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	2162	A. BUILDING: _____ B. WING _____	R-C 10/01/2019

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(A 038)	Continued From page 13 Findings related to the facility Laundry room C. On 09/24/19 at 1:00 pm, observation of the laundry area revealed: 1. Both washers leaking water on the cement floor. 2. Between the two washers was: a. A drain in the cement floor, which was wet, dirty, and covered in calcification. b. Three (3) dirty water drain pipes covered in calcification leading to the drain in the cement floor. c. The walls in the washer area were stained and dirty with plaster falling off them. e. The water connection valves behind the residential washer are corroded and rusty in a rusted and dirty recessed metal wall box, the wall around the box was water damaged with crumbling plaster, dirty, and covered in calcification and stains. D. On 09/24/19 at 1:00 pm, during an interview with the Executive Director, she confirmed the findings observed in the facility laundry room.	(A 038)	Maintenance Director inserviced on below items 11/8/19. A. 1st Floor Servery: (a) Sink leak to be repaired. (b) Inside cabinet under sink to be cleaned and/or replaced as needed. (c) Flooring between refrigerator and dishwasher to be cleaned and sanitized as needed. (d) 12"X4" hole in the all under the sink and in the cabinet repaired. B. Dining Services Supervisor inserviced on reporting maintenance issues immediately to Maintenance Supervisor. C. Laundry room: (a) Laundry room washers to be repaired or replaced due to leaks. Staff inserviced to report need for repairs immediately to maintenance. (b) Drain in laundry room to be kept clear of debris and calcification by maintanance staff. (c) Walls to be repaired and painted by maintenance staff. (d) Water connection valves behind the washers to be repaired or replaced by maintenance staff. Wall around box to be replastered and painted by maintenance staff. E.D., or designee, to validate and report to QA Committee for 3 months.	
(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.	(A 042)		

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(A 042)	Continued From page 14 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] This REQUIREMENT is not met as evidenced by: 7.8.2.42 A B This is an uncorrected deficiency from survey dated 05/14/19: Based on observation and interview, the facility failed to ensure that Lower Level (LL) Emergency Exit pathway/hallway was maintained in a safe and presentable condition, free from the accumulation of refuse, discarded building supplies, tools, and other items that create a hazard, and that the facility laundry room was free from fire hazards. This deficient practice has the potential for all 45 (R #s 1-45) residents identified on the census provided by the Executive Director on 09/24/19, to be at risk of sustaining physical injuries due to tripping, falling, bumping into objects, being hit by objects falling from the walls or by objects stacked against the walls falling on them while in the LL Emergency Exit pathway or fire that may spread due to penetrations in the walls in the laundry room. Findings related to the North LL Emergency Exit hall way and under stair well: A. On 09/24/19 at 12:40 pm, during observation of North LL Emergency Exit pathway& exit stairs was observed used as a storage area for the following items: 1. Four (4) sheet of plywood. 2. One (1) Red motorized scooter. 3. Two (2) wood half doors.	(A 042)		

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(A 042)	Continued From page 15 4. One (1) 2" x 2" white vent cover. 5. One (1) Rolled black carpet mats standing against the wall in the corner stood up against the plywood 6. One (1) evaporative condenser unit near the base of the stairs 7. One (1) yellow striping paint machine B. On 09/24/19 at 12:40 pm, during observation of the North LL Emergency Exit hallway from the LL foyer to the North Emergency Exit stairs revealed a hallway containing the following items hung from the walls: 1. Three (3) ladders hanging on the walls on both sides of the hall. 2. One (1) step stool hanging on the wall. 3. Various shovels, rakes and other tools hanging on the walls. C. On 09/24/19 at 12:40 pm, during observation of the facility laundry room in the LL of the facility revealed penetrations in the wall behind the residential washer: 1. One (1) approximately (approx) 1" x 4" hole in the wall two (2) inches below the washer water line connection behind the residential washer. 2. One (1) approx 10" x 12" hole in the wall where the wall and the cement meet behind the residential washer. D. On 09/24/19 at 12:40 pm, during an interview, the Executive Director confirmed that the findings listed above in the North LL exit stairwell, Emergency Exit pathway to the North Emergency Exit stairs, and laundry room.	(A 042)	Maintenance Director to be inserviced on the below items by 11/8/19. A. North LL Emergency Exit pathway & stairs will be cleared and kept clear of all materials and equipment. B. North LL Emergency Exit will be kept clear of all equipment on walls or floor. C. Facility laundry room will have all holes repaired, replastered and painted. E.D., or designee, to validate and report to the QA committee for 3 months.	11/15/19
(A 063)	7 NMAC 8.2.63 Fire Extinguishers	(A 063)		

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{A 063}	Continued From page 16 FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.63 A (4) This is an uncorrected deficiency from survey dated 05/14/19 Based on observation and interview, the facility failed to ensure that the fire extinguishers were not located more than 50 feet apart. This deficient practice has the potential for all 45 (R #s 1-45) residents identified on the census provided by the Executive Director on 09/24/19, to be at risk of injury or death if there is a fire and the fire extinguishers are not readily accessible. The findings are:	{A 063}	A. Fire extinguishers will be placed no more than 50 feet apart in the hallways on the main floor and lower floor. B. Maintenance Director inserviced on this 11/8/19	11/15/19

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(A 063)	Continued From page 17 A. On 09/24/19 at 12:45 pm, during observation of the facility fire extinguishers in the resident hallways on the main floor and lower floor are located were more than 50 feet apart. B. On 09/24/19 at 12:45 pm, during an interview with the Executive Director, she confirmed the fire extinguishers in the resident hallways on the main floor and lower floor were located more than 50 feet apart.	(A 063)		