Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7028	A. BUILDING: _____ B. WING _____	R-C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMARAN SENIOR LIVING	9100 HOLLY AVE NE ALBUQUERQUE, NM 87122

(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 an onsite Revisit/Follow-up survey completed on 06/27/23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults. Resident Census is 71.	{A 000}	Our fire drill record document was changed to reflect the following: 1. the number of staff participating in the fire drill. 2. The evacuation time in total minutes. The form was updated immediately and used on 06/29/2023 (see attached). We have replaced this form for future drills.	
{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 by: 7.8.2.65 B (3) (5) This is an uncorrected deficiency from survey dated 12/15/22.	{A 065}		

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{A 065}	Continued From page 1 Based on record review and interview, the facility failed to ensure that fire drills conducted monthly included the following information: 1. The number of staff participating in the fire drill 2. The evacuation time in total minutes These deficient practices could likely result in the 71 (R #s 1-71) residents identified on the census, provided by the Business Office Manager on 06/27/23, to be at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record review of the facility's fire drill records for the months of April 2023 and May 2023 both revealed: 1. No documentation of the number of staff participating in the fire drill 2. No documentation of the evacuation time in total minutes B. On 06/27/23 at 11:45 am, during an interview with the Administrator, she confirmed that the facility fire drill records for the months of April 2023 and May 2023 both did not include documentation of: 1. The number of staff participating in the drill 2. The evacuation time in total minutes	{A 065}		

Fire Drill Record

Date: 06/29/2023 Time: 3:00 pm

Number of Staff Present: 5 Evacuation Total Minutes: 5

Hypothetical / Real Situation: Washer Machine fire

Describe procedure for detection and extinguish:
Evacuate diner, evacuate adjacent apartments. use fire extinsisher implamenting Race and Pass to efectivly protect and extinguish

Equipment Used (circle): Walkie Talkie / Mobile Phone / (Fire Extinguisher) / Hose / Other

Team Members involved:

Print Name	Sign Here
Francisca Aguilar	Francisca Aguilar
Megan Bautista	Megan Bautista
Helena Kreinheder	
Samantha Chacon	Samantha Chacon
Echo Wilkins	Echo Wilkins

Were all notification requirements demonstrated or verbalized to be done as if it was an actual fire? (Yes) / No

Was the Policy followed? (Yes) / No
If no, explain: _____

Additional Notes / Observations:
N/A

Drill Completed by: (Print Name / Title) P. Samuel / Secretarial maintenance Director

Signature: _____

(File in Frill Drill binder. Binder to be available upon request by fire department, state regulatory departments, regional audits)