

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2017
NAME OF PROVIDER OR SUPPLIER THE LEGACY AT SANTA FE		STREET ADDRESS, CITY, STATE, ZIP CODE 3 AVENIDA ALDEA SANTA FE, NM 87507		
(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 14, 2017, an initial Life Safety Code survey was conducted at the above referenced facility per the provider's request. The following items shall be addressed: 1. The door stop installations located at the main entrance doors pose a tripping hazard since they are located in the path of travel along the building. All doorstops installed at the exterior of all exit doors shall be evaluated to ensure they do not pose a tripping hazard. 2. Several smoke barrier penetrations were identified. All smoke barrier penetrations shall be sealed with approved material. 3. The 4" diameter penetration between floors located in the janitor's closet shall be sealed with approved material. 4. Additional access panels shall be installed in selected corridors to access smoke barrier walls for maintenance and repair. Any penetrations found at the time shall be sealed with approved material. 5. All smoke barrier doors have between a 1/8" - 1/4" gap between the doors, which will not resist the passage of smoke. These doors shall resist the passage of smoke. 6. The evacuation plan located near the main reception counter was not properly oriented toward the nearest emergency exit. Evacuation plans posted throughout shall be oriented in relation to the building layout, which allows users to quickly identify their location within the building and how to exit in the event of emergency.	A 000		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 000	Continued From page 1 7. The Underwriters Laboratory (UL) labels have been painted over on numerous fire-rated doors and frames serving the stairwells. These UL labels shall be visible. 8. Additional exit discharge lighting is required at the east exit stairwell door. 9. The door to the elevator equipment room (future elevator) shall be maintained to latch and lock. Also, the inside of the door shall have a barrier to prevent someone from falling into the shaft in the event the door(s) are left unlocked. This is required at all access points into the shaft. 10. The kitchen range hood system shall be posted with signage stating the exhaust fan shall be turned on prior to starting the appliances/cooking. On November 15, 2017, correspondence and photos were received by this office via email from the Project Manager addressing all items found during the initial life safety code survey. The assisted living building was 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 and Life Safety Code 101, 2012 Edition. Temporary licensure is recommended at this time.	A 000		