Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4073	A. BUILDING: **01** B. WING _____	**02/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDIA VIEW BOSQUE TRAILS	**4631 MI CORDELIA NW** **ALBUQUERQUE, NM 87120**

(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 February 12, 2019, an initial Life Safety Code Survey was conducted at the above referenced facility, as per the provider's request. At this time, the facility is found in substantial compliance with the Life Safety Code Portion of the New Mexico Regulations for Requirements for Assisted Living Facilities for Adults 7 NMAC 8.2, and the Life Safety Code, 2012 Edition. Temporary Licensure is recommended with the following conditions, 1. A circuit lockout device shall be provided for the dedicated fire alarm circuit in the electrical panel. 2. All penetrations for sprinkler piping that passes through the walls in the facility shall be provided with proper escutcheon plates. 3. All resident rooms currently have door locking hardware that requires the twisting of a thumb latch to release the lever to unlock the doors. This requires multiple motions to exit through the doors identified. The garage exit door, as well as the back Patio door shall be provided with single action locking hardware and have deadbolts removed so that egress will not be hindered. On February 19, 2019 the facility provided evidence of all of the above items being corrected. Temporary licensure is recommended.	A 000		

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