Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5686	A. BUILDING 01 - THE ARISTOCRAT ASSIST B. WING _____	01/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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 01	OPENING REMARKS Surveyor: 17700 The following deficiencies were cited as a result of a Life Safety Code survey conducted on January 26, 2010, for New Mexico Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
A44	7 NMAC 8.2.44 Hazardous Areas 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64. 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00]	A44		

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A44	Continued From page 1 This REQUIREMENT is not met as evidenced by: Surveyor: 17700 Based on observation and staff interview, the facility failed to ensure hazardous areas in sprinklered building were separated from all other areas by smoke partitions that would resist the passage of smoke. Openings in these smoke partitions would result in the passage of smoke from these hazardous areas into adjacent spaces. This deficient practice had the potential to affect nine (9) residents located in the Humming Bird north west corridor. The licensed capacity of the facility was 45. The census during survey was 33. The findings are: A. On 01/26/10 at 3:15 pm, during a tour of dietary with the Quality Assurance Supervisor, the surveyor observed the ceiling access panel located in the boiler room was laying on the floor, which resulted in an opening which measured two (2) feet wide by three (3) feet long. 1. At this time, the Quality Assurance Supervisor stated he was unaware the panel had been removed and said it would be reinstalled. 2. On 01/26/10 at 3:30 pm, the Executive Director and the Quality Assurance Supervisor acknowledged the above findings at the exit conference.	A44	A44 7 NMAC 8.2.44 Hazardous Areas: Sprinklered buildings separated from all other area by smoke partitions that would resist the passage of smoke. Reference: Hummingbird corridor The fire door in that area has a rating of 3 hours.(Factory Mutual approved fire door-ASTM-E 152 Fire rating 3 hours max/ Serial # 1001039. Panic hardware has been ordered and is expected to arrive on Feb. the 16th. Initial responsibility will be with the Quality Assurance Supervisor to assure maintained needs of the building and grounds are corrected and identified. And final responsibility will be the director to ensure correction are completed.	
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing	A60		

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A60	Continued From page 2 by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 17700 This is a repeat deficiency from the Life Safety Code survey conducted on 02/04/09. Based on observation and staff interview, the facility failed to ensure the basement was provided with smoke detectors. This deficient practice had the potential to affect all residents, staff and occupants of the facility. The licensed capacity of the facility was 45. The census during survey was 33. The findings are:	A60	A44 Hazardous Area B. A. Ceiling Access Panel was install with 5/8" sheetrock to cover access area in boiler room. Initial responsibility will be with the Quality Assurance Supervisor to assure maintained needs of the building and grounds are corrected and identified. And final responsibility will be the director to ensure correction are completed. Maintenance will be in-serviced on this deficiency. I will meet with Supervisor and develop a sign off sheet acknowledging boiler room compliance.	

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A60	Continued From page 3 A. 01/26/10 at 3:00 pm, during a tour of the facility with the Quality Assurance Supervisor, the surveyor observed the basement was not provided with smoke detectors. The basement contained a large quantity of miscellaneous combustible storage and the ceiling was exposed wood truss construction. 1. At this time, the Quality Assurance Supervisor stated, "Smoke detectors will be installed throughout this area." 2. On 01/26/10 at 3:30 pm, the Executive Director and the Quality Assurance Supervisor acknowledged the above findings at the exit conference.	A60	A60 7 NMAC 8.2.60 fire Alarms, Smoke Detectors and Other Equipment: A 1. Detectors shall be powered by house electrical and have battery back-up. Smoke detectors in the basement have been wired to system and have battery back-up Initial responsibility will be with the Quality Assurance Supervisor to assure maintained needs of the building and grounds are corrected and identified. And final responsibility will be the director to ensure correction are completed.	
A61	7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System 7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 17700 Reference NFPA 25, 1998 Edition, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. 2-4.1.4 A supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of	A61		

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A61	Continued From page 4 the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). Exception: Where dry sprinklers of different lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system to service is furnished. 2-4.1.5 The stock of spare sprinklers shall be as follows: (a) For protected facilities having under 300 sprinklers -no fewer than 6 sprinklers (b) For protected facilities having 300 to 1000 sprinklers -no fewer than 12 sprinklers (c) For protected facilities having over 1000 sprinklers -no fewer than 24 sprinklers 2-4.1.6* A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. This is a repeat deficiency from the Life Safety Code survey conducted on 02/04/09. Based on observation and staff interview, the facility failed to ensure spare sprinkler heads were provided for the automatic sprinkler system as required by NFPA 25, (Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems). This deficient practice had the potential to affect all residents, staff and occupants of the facility. The	A61	A 61 7 NMAC 8.2.61 Automatic Fire Protection System 2-4.1.4 A supply of at least six sprinklers shall be stored in a cabinet on the premises for replacement purposes. Replacement sprinklers of both types have been ordered and projected date is Monday, February 15th for delivery. 2-4.1.6* A special sprinkler wrench shall be provided and kept in the cabinet for each type of sprinkler. Second sprinkler wrench has been ordered and expected delivery date is Feb. 15th. Initial responsibility will be with the Quality Assurance Supervisor to assure maintained needs of the building and grounds are corrected and identified. And final responsibility will be the director to ensure correction are completed.	

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A61	Continued From page 5 licensed capacity of the facility was 45. The census during survey was 33. The findings are: A. On 01/26/10 at 2:45 pm, during a tour of the facility with the Quality Assurance Supervisor, the surveyor observed only three (3) quick response replacement sprinkler heads within the sprinkler cabinet. 1. At this time, the Quality Assurance Supervisor stated, "Additional sprinkler heads will be provided for every sprinkler head variety." 2. On 01/26/10 at 3:30 pm, the Executive Director and the Quality Assurance Supervisor acknowledged the above findings at the exit conference.	A61	A64 7 NMAC 8.2.64 Smoking B. All designated smoking areas must be provided with suitable ashtrays. A single plastic smoking post (ADA Compliant Fire tested and approved by FM Global)is provided at the designated smoking area.	
A64	7 NMAC 8.2.64 Smoking 7.8.2.64 SMOKING: A. Smoking by residents and staff must only be done in supervised areas designated by the facility and approved by the State Fire Marshall or local fire prevention authorities. Smoking must not be allowed in a kitchen or food preparation areas. B. All designated smoking areas must be provided with suitable ashtrays. C. Residents must not be permitted to smoke in their sleeping rooms. D. Smoking must not be permitted where oxygen is in use or stored. [9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7 NMAC 8.2.64, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 17700	A64	Cut sheets from Manufacture are attached. Initial responsibility will be with the Quality Assurance Supervisor to assure maintained needs of the building and grounds are corrected and identified. And final responsibility will be the director to ensure correction are completed.	

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A64	Continued From page 6 Based on observation and staff interview, the facility failed to ensure containers and ashtrays of noncombustible material and safe design were provided at all designated smoking areas. This deficient practice had the potential to affect those residents, staff and occupants who smoke. The findings are: A. On 01/26/10 at 2:00 pm, during a tour of the facility's designated smoking area with the Quality Assurance Supervisor, the surveyor observed the following: 1. Two plastic smoking posts were provided at the designated smoking area located within the gazebo. Inspection of these smoking posts revealed they were constructed of combustible material (plastic). 2. Two large metal coffee cans were being used as ashtrays at this location. 3. At this time, the Quality Assurance Supervisor stated the smoking posts would be replaced with the noncombustible variety and ashtrays of safe design would be provided. 4. On 01/26/10 at 3:30 pm, the Executive Director and the Quality Assurance Supervisor acknowledged the above findings at the exit conference.	A64		
A66	7 NMAC 8.2.66 Related Regulations & Codes 7.8.2.66 RELATED REGULATIONS AND CODES: Adult residential care facilities subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health 7 NMAC 1.7 (10-31-96). B. Health Facility Sanctions and Civil	A66		

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A66	Continued From page 7 Monetary Penalties, New Mexico Department of Health, 7 NMAC 1.8 (10-31-96). C. Adjudicatory Hearings, New Mexico Department of Health, 7 NMAC 1.2 (2-1-96). [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.66 NMAC - Rn, 7 NMAC 8.2.66, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 17700 Reference. International Fire Code (IFC) 2009 Edition; 901.7 Systems out of service. Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. When utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires. Where a required fire alarm system is out of service for more than 4-hr in a 24-hr period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shut down until the fire alarm system has been returned to service. Based on record review and staff interview, the facility failed to provide written policies and	A66	A66 7 NMAC 8.2.66 Related Regulations and Codes Reference. International Fire Code(IFC) 2009 901.7 System out of service. Fire Watch Policy and back up documentation for appointed floor check was written. Documentation attached. Mandatory in- Service was given to all staff on Feb. 10th.	

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A66	Continued From page 8 procedures in the event the fire alarm system and/or the sprinkler system was out of service for more than 4-hours within a 24-hour period. This deficient practice had the potential to affect all residents, staff and occupants of the facility The licensed capacity of the facility was 45. The census during survey was 33. The findings are: A. On 01/26/10 at 1:30 pm, review of the facility's fire policies and procedures with the Executive Director and the Quality Assurance Supervisor revealed no evidence written policies and procedures were in place in the event the fire alarm system and/or the sprinkler system was out of service longer than the allotted time. 1. At this time, the Executive Director stated, "We were not aware of this requirement but it's not a problem putting it in writing." 2. No further records were available for review. 3. On 01/26/10 at 3:30 pm, the Executive Director and the Quality Assurance Supervisor acknowledged the above findings at the exit conference.	A66		