Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5772	A. BUILDING 01 - ADOBE ASSISTED LIVING B. WING _____	07/07/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADOBE ASSISTED LIVING #1 (THE)	1111 E MOUNTAIN LAS CRUCES, NM 88001

(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: 25921 The following deficiencies were cited as a result of an annual survey conducted on July 9, 2009, for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01	Scanned 8/17/09 JH	
A48	7 NMAC 8.2.48 Lighting & Lighting Fixtures 7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting. C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]	A48	RECEIVED AUG 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Ronda Ellis — TITLE Director — (X6) DATE 8/4/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A48	Continued From page 1 This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation, record review and staff interview, the facility's practice failed to ensure that the emergency lighting system was installed and working as required. This deficient practice potentially affects all staff and residents throughout the facility. The licensed capacity of the facility was 41, the census during the survey was 39. The findings are: On July 7, 2009, between 8:30 am and 11:30 am, during a tour of the facility with the Quality Assurance Manager, the Life Safety Code Surveyor observed the following: 1. The emergency battery back-up light fixture located at the exit next to the Computer room, failed to illuminate when tested. 2. The emergency battery back-up light fixture located between residents rooms #1 and #2, failed to illuminate when tested. 3. The exits of buildings #1, #2 and #3 were not equipped with emergency battery back-up light fixtures as required. 4. The Executive Director and the Quality Assurance Manager stated that emergency lighting would be installed.	A48	A48 1&2 A maintenance request has been submitted to have the batteries replaced in the exit lights next to the computer room and also in the back-up light fixture next to rooms #1 & #2. Maintenance has replace all batteries. During monthly safety inspections completed by the Director all exit lights and back-up lights are tested for battery back-up. This will continue to done on a monthly basis and is included in the monthly safety inspection log documentation. A48 3 A maintenance request has been submitted to have emergency battery back-up light fixtures installed out-side of all buildings. Emergency back-up light fixtures have been installed and will now be included in the monthly safety inspections completed by the Director and tested monthly for battery back-up.	7/7/09 7/10/09 7/7/09 7/10/09
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	A60		

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A60	Continued From page 2 alarm system shall be provided. The manual fire alarm must be inspected and approved in writing 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: 25921 Based on documentation review and staff interview, the facility's practice failed to ensure the fire alarm system and its components are inspected and maintained in accordance with (NFPA 72 H-1984,4-1), National Fire Alarm Code which requires sensitivity testing of the smoke detection devices be tested the first year after installation and every other year after until detectors fail. This deficient practice potentially affects all residents and staff throughout the	A60		

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A60	Continued From page 3 facility. The licensed capacity of the facility was 41, the census during the survey was 39. The findings are: On July 7, 2009 , between 8:30 am and 11:30 am, during a review of the facility maintenance records with the Quality Assurance Manger, the Life Safety Code Surveyor observed the following. 1. There was no evidence that sensitivity testing was ever performed on the smoke detectors. 2. The Executive Director and Quality Assurance Manager acknowledged this finding at the exit conference.	A60	A60 The Director has contacted Alarm Services that conducts the annual and quarterly inspections. Completing a sensitivity test on the smoke detectors will be added to the inspection that is done annually. A record of such testing will be recorded in the safety inspection log book.	8/24/09
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: 25921 NFPA 13-3-2.9 Stock of Spare Sprinklers. 3-2.9.1 A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.	A61		

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A61	Continued From page 4 These sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100°F (38°C). Based on observation and staff interview, the facility failed to assure that the sprinkler system was properly maintained, protected from tampering and inspected in accordance with NFPA 13, (Standard for the Installation of Sprinkler Systems) . This deficient practice potentially affects all residents, staff and occupants of the facility. The licensed capacity of the facility was 41, the census during the survey was 39. The findings are: On July 7, 2009, between 8:30 am and 11:30 am, during a tour of the facility with the Quality Assurance Manager, the surveyor observed the following: 1. The Sprinkler Riser was located in a corner of Resident room #7 and was not isolated to prevent tampering of the sprinkler system as required. 2. There was no spare sprinkler storage box containing the required number of spare sprinkler heads in evidence. 3. The Quality Assurance Manager acknowledged these findings and would discuss a solution to the deficiency.	A61	A61 1 A maintenance request has been submitted to have the sprinkler riser isolated to prevent tampering or damage. Maintenance has built a box with a lock around the sprinkler riser in room #7 to prevent tampering or damage. A61 2 After speaking to the Maintenance Supervisor, Director was told that we do have a storage cabinet for spare sprinklers. It is located out-side of the west wing of building 1. However, it is possible that temps could exceed 100 degrees in that location. Maintenance is looking into possibly relocating the cabinet.	7/7/09 7/10/09 8/17/09