Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5729	A. BUILDING 01 - THE ARISTOCRAT ASSIST B. WING _____	05/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	252 ROBERT H BRADLEY ALAMOGORDO, NM 88310

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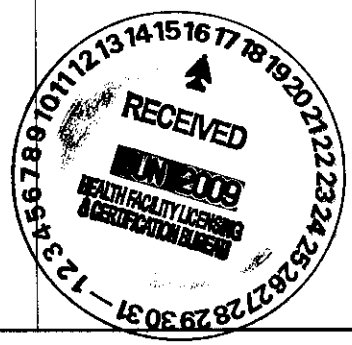
A 01	OPENING REMARKS Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on May 12, 2009, for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01	Scanned 6/10/09 JY	
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS Door openings in smoke barriers have at least a	A43		



Jeannine Gonzales
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
TITLE: Exec. Director
(X6) DATE: 6-10-09

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A43	Continued From page 1 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and staff interview, the facility's practiced failed to ensure all fire protection systems including smoke barriers and doors and shutters in smoke barriers are self-closing or automatic closing in accordance with the requirements, maintained in safe and functioning condition including regular inspections of these systems. This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 49 and the census was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the Life Safety Code surveyor observed the following: 1. The two doors leading from the Laundry Room to the resident corridor were equipped with "Kick down" style of door stop placed on the bottom edge of the door. 1a. During an interview with the Health Surveyor stated that upon his arrival in the afternoon on May 11, 2009, he witnessed the doors from the laundry room to the resident corridor being held open by the door stops place on the bottom of the doors.	A43		

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A43	Continued From page 2 2. The two doors leading from the Kitchen to the Dining room had a 2- inch by 3- inch steel wedges lying on the floor behind each of the doors. 2a. During an interview with the Health Surveyor stated that upon his arrival in the afternoon on May 11, 2009, he witnessed the doors from the Kitchen to the Dining room being held open by the placement of the steel wedges between the floor and the bottom of the doors. 3. This deficient practice does not comply with the Plan of Corrections that was submitted in response to the Life Safety Code survey conducted on 8/30/07. The Plan of Corrections, dated 9/28/07, stated that the door stop wedges would be remove and that Maintence staff would monitor doors to prevent a reoccurrence of the deficient practice. 4. The Executive Director state that her understanding was "this practice was acceptable if staff was present at the time the doors were being hold open". Reference; NFPA 101-10.5.2.2 Combustion and ventilation air for boiler, incinerators and heater rooms is taken from and discharged to the outside. Based on observations and staff interviewed, the facility's practice failed to assure that gas fired	A43	Door stops from the laundry room have been removed. The doors will remain Closed at all times. Kitchen doors will only be propped open during meal times when food is being served and/or dining room is being cleared.	5/31/09

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A43	Continued From page 3 equipment had an adequate supply and distribution of air for combustion and exhaust as required in NFPA 101 10.5.2.2. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 49, the census during the survey was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. Within the Laundry, the gas fired appliances (dryers), could not be assured to have combustion air served by both a low and high air vent and separate from room ventilation air. 2. The Executive Director stated that she was unaware of this requirement and would correct the deficient practice.	A43	A partition had been built behind the dryers to seperate Combustion from room Ventilation air.	5/31/09
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)	A44		

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A44	Continued From page 4 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] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation and staff interview, the facility failed to provide and maintain a liquid oxygen storage area, as defined per NFPA 101 (Life Safety Code). This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 49, and the census was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following: 1. Within resident rooms # 1, 5, 6, and 17. The 4 residents occupying these rooms were on oxygen therapy. Each room had one 41-liter liquid oxygen container. 1a. These rooms did not meet the construction requirements for the storage of liquid oxygen.	A44	All residents on Oxygen have been Converted from liquid oxygen to E-tanks. All liquid oxygen Container have been removed from the building.	6/5/09

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A44	Continued From page 5 2. The Executive Director stated that the residents provided their own oxygen suppliers and would discuss the necessary changes with the residents to correct the deficient practice.	A44		
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 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:	A60		

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A60	Continued From page 6 Surveyor: 25921 Based on observation and staff interview, the facility's practice failed to ensure that the fire alarm system and its components were maintained and installed in accordance with NFPA 72 (National Fire Alarm Code) and NFPA 70 (National Electric Code). This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 49, and the census was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following: 1. During a Fire Drill, the fire alarm strobes throughout the building were not synchronized to flash together when two or more strobes are visible from any location. 2. The Executive Director stated that the deficiency would be addressed. Based on observation and interview, the facility's practice failed to ensure that approved smoke detectors were installed in areas of Resident Activity. This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 49, and the census was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:	A60	A smoke detector has been installed in the library. Fire alarm strobes will be synchronized.	5/31/09 6/12/09

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A60	Continued From page 7 1. Within the Library, the presents of a smoke detector was not in evidence. 2. The Executive Director acknowledged these findings.	A60		
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 Based on observations and interviews, the facility failed to assure that the building elements, which are attached to the building, are equipped with a sprinkler system and used by the facility residents, staff and visitors, were installed and maintained in accordance with the Life Safety Code and NFPA 13. Roofing and Canopies that extend more than 4 feet from the building and are connected to the building must be equipped with sprinklers. This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 49 and the census was 31. The findings are: On May 12, 2009, between 9:00 am and 11:00 am, during a tour of the facility with the Executive Director, the surveyor observed the following:	A61	The facility will install a sprinkler system in the main entrance Canopy.	6/12/09

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A61	Continued From page 8 1. At the Main entrance to the facility was a canopy that measured 10 feet by 30 feet, and was not protected by a sprinkler system. 2. The Executive Director acknowledged these findings.	A61		