| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 5700 | A. BUILDING 01 - SUNRISE OF ALBUQUER( B. WING _____ | 10/19/2007 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNRISE OF ALBUQUERQUE | 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111 |

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| A 01 | OPENING REMARKS<br><br>Surveyor: 21700<br>The following deficiencies were cited as a result of an annual life safety code survey conducted on 10/16/07 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC. | A 01 | | |
| A51 | 7 NMAC 8.2.51 EXITS<br><br>7.8.2.51 EXITS:<br>A. Each facility must have at least two (2) approved exits, that do not involve windows and which are remote from each other. At least one path of travel shall be provided that does not traverse any space exposed to unprotected vertical openings or common living spaces.<br>B. Facilities with ten (10) or more residents shall have each exit clearly marked with signs having letters at least six inches (6") high whose principal strokes are at least 3/4 of an inch wide. Exit signs shall be visible at all times.<br>C. Exits must be clear of obstructions at all times.<br>D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking.<br>E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have sliding doors as required exits.<br>[7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.51 NMAC - Rn, 7 NMAC 8.2.51, 8-31-00]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 21700<br><br>7.1.10 Means of Egress Reliability<br>7.1.10.1 Means of egress shall be continuously | A51 | EP Scanned 11-28-07 | |



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| A51 | Continued From page 1<br>maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.<br><br>7.1.10.2 Furnishings and Decorations in Means of Egress.<br>7.1.10.2.1 No furnishings, decorations or other objects shall obstruct exits, access thereto, egress therefrom, or viability thereof<br><br>Based on observation and staff interview, the facility's practice failed to ensure means of egress are maintained free of obstructions and impediments to full instant use in case of fire or emergency, affecting all staff and residents. At the time of survey, the licensed capacity of the facility was 80 and the census was 60. The findings are:<br><br>On October 19, 2007, during a tour with the Maintenance Coordinator, the Life Safety Code Surveyor observed the following.<br><br>1. There were two (2) chairs placed adjacent to the front entrance/exit doors.<br>a. These chairs stuck out 12 inches into the path of egress.<br>b. The Administrator acknowledged this finding at the exit conference on 10/19/07. | A51 | Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies.<br>The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law.<br><br>A51 7 NMAC 8.2.51 EXITS<br><br>1. With respect with what steps will be taken to correct the situation: The two chairs blocking the egress of the front exit were removed and relocated. We will insure that any other seating that is placed in that area is a size that does not obstruct the egress path.<br>2. With respect with who shall be responsible to monitor for continued compliance: The Executive Director and the Maintenance Coordinator, will insure during their rounds that proper egress will be maintained. | 10-20-07 |
| A60 | 7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP<br><br>7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT:<br>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.<br>EXCEPTION: Adult residential care facilities with | A60 | | |

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| A60 | Continued From page 2<br>three (3) or fewer residents are not required to have a fire alarm system.<br>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.<br>(1) Detectors shall be powered by the house electrical service and have battery back up.<br>(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.<br>(3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing.<br>(4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service.<br>[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]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 21700 | A60 | A60 7 NMAC 8.2.60 Fire Alarms, Smoke Detectors and Other equipment:<br><br>1. With respect to what steps will be taken to correct the situation The requirement that was not met, was not stated in the deficiency cited. Telephone calls to determine the deficiency were made by the executive director and messages left, but not returned. | |
| A61 | 7 NMAC 8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM<br><br>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.<br>[4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced | A61 | | |

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| A61 | Continued From page 3<br>by:<br>Surveyor: 21700<br><br>AUTOMATIC FIRE PROTECTION (SPRINKLER SYSTEM:<br>Maintenance of system:<br><br>Reference NFPA 13, Section 1-5.1<br>Maintenance:<br>A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition.<br><br>Reference NFPA 13<br>Section 4-5.5.2.1 Continuous or non-continuous obstructions less than eighteen (18) below the sprinkler deflector that prevents the pattern from fully developing shall comply with this section.<br>Section 4-5.5.3 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18) inches below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section.<br>Section 4-5.6 requires that the clearance between the deflector and the top of storage shall be eighteen (18) inches or greater.<br><br>Reference NFPA 25, 1-4.2<br>The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed.<br>Inspection, testing, and maintenance shall be implemented in accordance with procedures | A61 | | |

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| A61 | Continued From page 4<br>meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.<br><br>Based on observation, the facility's practice failed to ensure that the sprinkler system is inspected and maintained in good operating condition, affecting residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 60. The findings are:<br><br>On October 19, 2007 at 9:40 am, during a tour of the facility with the Maintenance Coordinator, the Life Safety Code Surveyor observed the following.<br><br>1. During record review with the Maintenance Coordinator, the surveyor observed that there was not sufficient evidence of quarterly inspections of the sprinkler system for the past 12 months.<br>a. The only evidence available for review was dated 9/13/07. There was no other evidence to review.<br>b. The Maintenance Coordinator acknowledged this finding.<br><br>2. Throughout the Kitchen, there were sprinkler heads with lint and grease build up.<br>a. The Administrator and the Maintenance Coordinator acknowledged these findings at the exit conference on 10/19/07. | A61 | A61 7 NMAC 8.2.61 Automatic Fire Protection (Sprinkler) System<br><br>1. <u>With regard to what steps will be taken to correct the situation:</u><br>1. a. Quarter inspections were made by the contacted vendor, PSI, on 12/05/06; 3/17/07; 6/07/07 and 9/13/07. The inspection on 9/13/07, however, did not designate which building was inspected. (Please see attached). The maintenance director acknowledged that the form did not specifically specify which building was inspected.<br>2. a. One sprinkler head had accumulated lint and grease build-up. All 14 sprinkler heads in the kitchen were cleaned by the Maintenance Coordinator, insuring that all lint and grease were removed.<br><br>2. <u>With respect to who shall be responsible for continued compliance:</u><br>The Food Service Director shall visually inspect weekly, the ED shall be responsible on rounds to visually inspect that sprinklers are clear, and the Maintenance Coordinator shall insure during the quarterly PSI inspections that sprinklers are free of lint and grease build-up. | 10-20-07<br>10-30-07 |