Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5119	A. BUILDING 01 - VILLA GUADALUPE B. WING _____	10/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA GUADALUPE	1900 MARK AVENUE GALLUP, NM 87301

(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: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 10/23/08 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
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	**7NMAC 8.2.48** Exit light located within the Mechanical Room (A) was replaced and is working properly. **Follow-up Action** The Maintenance Director will assure that all Exit lights and lights at point of egress are properly lighted at all times. Monthly Preventive maintenance reports will be given to the Director.	10/23/2008

Scanned 11-26-08 JM

Division of Health Improvement

Sister Andrea — TITLE Director — (X6) DATE 11-21-08

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: 21700 Based on observation and staff interview, the facility failed to ensure that all emergency exit lighting is provided and maintained in working order as required. This deficient practice has the potential to affect all staff working within the mechanical room (A). At the time of survey, the licensed capacity of the facility is 39, and the census was 34. The findings are: On October 23, 2008, during a tour of the facility with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following: 1. At 12:10 pm, the emergency exit light located within the mechanical room (A) was not illuminated in the normal mode. a. This emergency exit light would not provide clear direction in the event of an emergency. b. The Administrator and the Maintenance Supervisor acknowledged this finding at the exit conference on 10/23/08.	A48		
A59	7 NMAC 8.2.59 Fire Clearance & Inspections 7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local	A59		

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A59	Continued From page 2 fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on record review and staff interview, the facility's practice failed to ensure that the facility is inspected by the local fire prevention authority at least every twelve (12) months. This deficient practice had the potential to affect all staff and residents throughout the facility. At the time of survey, the census was 34 and the licensed capacity was 39. The findings are: On October 23, 2008, during record review with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following: 1. At 11:00 am, the facility could not provide evidence showing that it is being inspected annually by the local Fire Authority as required. a. The most recent inspection by the local Fire Authority was dated May 2001. b. There was no further evidence available for review. c. The Maintenance Supervisor stated that the Fire Marshall will be scheduled for future inspections on an annual basis. d. The Administrator acknowledged this finding at the exit conference on 10/23/08.	A59	**7NMAC 8.2.59** A Fire Inspection was done on October 28, 2008 by Fire Inspector Jesus Morales. "The facility was found to be compliant with the local fire codes that are in effect in the City of Gallup. No serious fire or life safety codes were found during my inspection. However several minor notes and recommendations were made that may require your attention." 10/28/2008 All recommendations have been addressed. Report is on file in the facility. 11/21/2008 **Follow-up Action** The Director will be responsible for assuring that an annual Fire Inspection is done and that the report is kept on file.	

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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: 21700 AUTOMATIC FIRE PROTECTION (SPRINKLER SYSTEM: Maintenance of system: Reference NFPA 13, Section 1-5.1 Maintenance: 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. Reference NFPA 25, 1-4.2 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. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be	A61		

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A61	Continued From page 4 performed by personnel who have developed competence through training and experience. Based on observation, the facility's practice failed to ensure that the sprinkler system is maintained in good operating condition, affecting staff within the kitchen. The licensed capacity of the facility is 39, the census during the survey was 34. The findings are: On October 23, 2008, during a tour of the facility with the Maintenance Coordinator, the Life Safety Code Surveyor observed the following. 1. At 11:35 am, within the kitchen there were two (2) sprinkler heads with lint and grease build up. a. The Administrator and the Maintenance Supervisor acknowledged this finding at the exit conference on 10/23/08. 2. At 11:45 am, throughout the dining room the sprinkler escutcheon plates had tape surrounding them. a. The Administrator and the Maintenance Supervisor acknowledged this finding at the exit conference on 10/23/08.	A61	**7NMAC 8.2.61** The sprinkler heads were cleaned in the kitchen. 10/23/2008 Tape was removed on the sprinkler escutcheon plates throughout the dining room. 10/23/2008 **Follow-up Action** The Maintenance Director will be responsible for assuring that the sprinkler system will be maintained for efficient service and in good operating condition.	