Division of Health Improvement

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| 2nd Original | 5399 | A. BUILDING _____ B. WING _____ | 06/05/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SENIOR LIVING SYSTEMS HWY 47 | 3216 HIGHWAY 47 S LOS LUNAS, NM 87031 |

| (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 |
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| A34 | 7 NMAC 8.2.34 Resident Rights<br><br>7.8.2.34 RESIDENT RIGHTS: All licensed facilities shall be aware of, protect, and enhance the rights of all residents.<br>A. Prior to admission to a facility, a resident and/or legal representative shall be given a written description of the legal rights of the residents translated into another language, if necessary, to meet the residents understanding.<br>B. If the resident is incapable of understanding his/her legal rights, and if he/she has no legal representative, then the licensee shall also give a written copy of the resident's legal rights to one of the following persons, in this order of priority:<br>(1) the resident's spouse;<br>(2) any of the resident's adult children;<br>(3) either of the resident's parents;<br>(4) any relative the resident has lived with for six or more months before admission;<br>(5) a person who has been caring for, or paying benefits on behalf of the resident;<br>(6) a placing agency; or<br>(7) any other person, e.g., Ombudsman.<br>C. These resident rights and the telephone number for the Ombudsman Program shall be posted in a conspicuous place in the facility:<br>D. The facility, to protect resident rights must:<br>(1) Treat all residents with courtesy, respect, dignity and compassion.<br>(2) To the extent that resident required services fall within the scope of the facilities program, avoid discrimination in admission or services because of a resident's age, race, religion, physical or mental disability, or nationality.<br>(3) Furnish residents written information about all services provided by the facility and their costs, and advance written notice of any | A34 | Scanned 7-21-09 JH<br><br>RECEIVED JUL 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU | |

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Director — (X6) DATE 7/16/09

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| A34 | Continued From page 1<br>changes.<br>(4) Assure that residents have a safe and sanitary living environment.<br>(5) Provide humane care.<br>(6) Assure the resident's rights to privacy in medical care, including privacy during medical examinations, consultations and treatment; and protect the confidentiality of the resident medical records.<br>(7) Protect and assure the resident's right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room.<br>(8) Assure the resident's right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and assure the resident's right's to receive visits from family, friends, lawyers, ombudsmen and community organizations.<br>(9) Prohibit the use of any and all physical and chemical restraints.<br>(10) Assure the residents are free from physical and emotional abuse and neglect.<br>(11) Assure that all residents are free from financial abuse and exploitation by facility staff and/or management.<br>(12) Consistent with the resident's health, abilities and security, assure the right of the resident to freely participate in religious, social, community and other activities; and freely associate with persons in and out of the facility.<br>(13) Permit the residents to leave the facility freely and return without unreasonable restriction.<br>(14) Prevent unjustified room transfers or discharge from this facility.<br>(15) Use care and management practices that foster social interaction and avoid practices | A34 | | |

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| A34 | Continued From page 2<br>that unnecessarily result in social isolation.<br>(16) Provide services consistent with informed consent.<br>(17) Assure that all residents may voice grievances to the facility staff, public officials, the ombudsmen or any other person, without fear of reprisal or retaliation.<br>(18) Promptly address and resolve resident complaints.<br>(19) Foster resident participation and understanding in the development, review and modification of the resident's plan for care and treatment.<br>(20) Respect a resident's choice of doctor, pharmacist and other health care provider.<br>(21) Respect a resident's medical treatment decisions and advance directives, such as living wills and durable powers of attorney for health care.<br>(22) Respect a resident's right to keep and use personal possessions without loss or damage.<br>(23) Allow each resident to manage and control the resident's personal finances to the extent that the resident is able, and provide to every resident a written record of all financial arrangements and transactions involving that resident's funds.<br>(24) Allow residents to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management.<br>(25) Require no resident to work for the facility.<br>(26) Consult with the incapacitated resident regarding his/her care, regardless of the involvement of a guardian or surrogate decision maker. | A34 | | |

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| A34 | Continued From page 3<br>(27) Assure the involvement in, and consent of, an incapacitated resident's guardian or surrogate decision maker in the resident's care.<br>E. The resident's rights shall not be restricted unless the resident agrees to such a restriction, and unless this restriction is described in detail in his/her individual service plan. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.34 NMAC - Rn, 7 NMAC 8.2.34, 8-31-00]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22697<br>Refer to 7.8.2.34 D. (4) . . . sanitary living environment.<br><br>Based on observation and interview the facility failed to practice sanitary methods for testing blood sugar for 1 of 2 residents that are diabetic (R3). The findings are:<br><br>A) During observation of the assistance with medication administration on 6/4/09 at 8:00 a m, staff S16 used blood sugar finger prick device on the right third finger of resident R3 without any sterilization of the area before or after the use of the device.<br><br>B) During the exit interview with the administrator and staff S16 on 6/5/09 at 10:00 a m, staff S16 acknowledged not sterilizing the area before or after the use of the finger prick device on resident R3. | A34 | 1. All staff retrained in property medication assistance specifically steralization techniques for diabetics<br><br>2. All diabetic clients will be reminded of protocol<br><br>3. Administrator will monitor through observation to ensure staff compliance with protocols<br><br>4. Completed by | 6/30/09 |
| A36 | 7 NMAC 8.2.36 Medications<br><br>7.8.2.36 MEDICATIONS: Medications will be administered or staff assistance with medications provided and documented in accordance with state and federal laws. | A36 | | |

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| A36 | Continued From page 4<br>A. Licensed health care professionals are responsible for the administration of medications.<br>B. Facility staff may assist a resident with medications if written consent by the resident is given to the director of the facility or their designee. If the resident is incapable of giving consent, the resident's guardian, treatment guardian or surrogate decision maker named in accordance with New Mexico law may give written consent for the assistance with medications. All staff assisting with medications shall have successfully completed an approved assistance with medication training program or be licensed by the State of New Mexico to administer medications.<br>C. No medications, including over the counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order by the physician and entry into the resident's record.<br>D. The facility must have on the premises, medication reference material that contains information relating to drug interactions and side-effects.<br>E. Medications prescribed for one resident shall not be used for another resident.<br>F. The facility shall have a Medication Administration Record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:<br>(1) Name of resident.<br>(2) Date started.<br>(3) Drug product name.<br>(4) Dosage and form.<br>(5) Strength of drug.<br>(6) Route of administration (e.g. "by mouth").<br>(7) How often medication is to be taken. | A36 | | |

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| A36 | Continued From page 5<br>(8) Time taken and staff initials.<br>(9) Dates when the medication is discontinued or changed.<br>(10) The name and initials of all staff administering medications.<br>G. Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.<br>H. PRN Medications: The use of PRN medications must be closely monitored and supervised by the facility and is based on one or more of the following conditions:<br>(1) The resident is capable of determining when the medication is needed.<br>(2) The resident's physician has provided detailed instructions to the pharmacy regarding the administering of the medication. The physicians instruction for a PRN medication shall include:<br>(a) Symptoms that might indicate the use of the medication.<br>(b) Exact dosage to be used.<br>(c) The exact amount of medication to be used in a 24 hour period.<br>(d) Directions as to what to do if the symptoms persist.<br>(e) Possible interactions or side-effects that might occur.<br>(f) Manufacturer's label information for directions if deemed adequate by the physician.<br>I. The facility must report all medication errors to the physician.<br>J. The facility shall develop and follow a written policy for unused, outdated, or recalled medications being kept in the facility.<br>[7-1-64, 9-15-70, 7019074, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.36 NMAC - Rn, 7 NMAC 8.2.36, 8-31-00]<br>This REQUIREMENT is not met as evidenced | A36 | | |

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| A36 | Continued From page 6<br>by:<br>Surveyor: 22697<br>Refer to 7.8.2.36 A. Licensed health care professionals are responsible for the administration of medications.<br><br>Based on observation, interview, and record review the facility failed to have a licensed medical professional to administer the dosage of insulin on a sliding scale for 1 of 2 residents that are diabetic (R2). The findings are:<br><br>A) During observation of the assistance with medication on 6/4/09 at 12:03 p m, staff S16 was observed in the medication storage room setting the dosage of insulin on a unit dose insulin pen for resident R2.<br><br>B) In an interview with staff S16 on 6/4/09 at 12:04 p m, staff S16 acknowledged setting the dosage on the insulin pen following the sliding scale set by the Primary Care Physician. Staff S16 further acknowledged not being licensed as a medical professional and that staff normally set the dosage on the insulin pen for resident R2.<br><br>C) Review of Staff S16 records on 6/4/09 revealed no documentation that staff S16 was a licensed medical professional.<br><br>Refer to 7.8.2.36 C. No mediations . . . shall be started, changed, or discontinued by the facility . . .<br><br>Based on record review and interview the facility failed to insure an insulin dependent resident received the required dose of insulin for 1 of 2 residents that are diabetic (R2) | A36 | 1. Staff re-trained in how to assist diabetic clients with insulin pens, verbal cueing and supervision of the procedure only<br><br>2. All residents using insulin pens will be monitored for compliance with procedure<br><br>3. Administrator will monitor with observation on staff compliance with procedure<br>4. Date of completion 6/30/09 | |

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| A36 | Continued From page 7<br><br>A) Record review on 6/4/09 of the April, 2009 MAR for resident R2 revealed on April 6 resident R2 needed insulin injections of 9 units at 1630 hours [4:30 p m] and 12 units at 2100 hours [9:00 p m] and neither of the injections were given due to the key being lost to the lock box where the insulin was stored.<br><br>B) In an interview with staff S16 on 6/4/09 at 2:22 p m, staff S16 acknowledged that the staff on duty did not notify anyone of the problem and further acknowledged the two insulin injections were not given to resident R2 on April 6, 2009. This surveyor ask staff S16, "Do you know what blood sugar 'spiking' to high can possibly cause," and staff S16 answered, "No." | A36 | 1. Staff re-trained on medication tracking procedures and the consequences of missed dosages of insulin<br><br>2. Consulting nurse will review MARs of all clients to determine any other compliance issues<br><br>3. Administrator and consulting nurse will monitor charts for noncompliance issues on a weekly basis for six weeks<br><br>4. Date started 6/22-7/31/09 | |
| A43 | 7 NMAC 8.2.43 Maintenance of Building & Grounds<br><br>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:<br>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).<br>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.<br>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.<br>D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. | A43 | | |

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| A43 | Continued From page 8<br>[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:<br>Surveyor: 22697<br>Refer to 7.8.2.43 B. The building . . . must be maintained in safe, sanitary, and presentable condition at all times.<br><br>Based on observation and interview the facility failed to maintain the building in a presentable condition at all times. The findings are:<br><br>A) Tour of the facility on 6/5/09 at 9:00 a m, revealed the following:<br>1. Exterior wood siding and eaves had paint peeling off exposing bare wood to the weather and elements.<br>2. The garage ceiling was improperly installed wall paneling, which was warped and falling down in several places.<br>3. One of the two car entrance doors had a loose panel hanging down overlapping the next lower panel.<br>4. A framed interior wall that the facility electric panel is mounted on had no sheet rock or any kind of finished wall. This leaves exposed wiring from the panel to the attic.<br>5. The garage had boxes, furniture and other miscellaneous items stored in piles around the garage, which impaired access around the garage.<br><br>B) In the exit interview with the administrator on 6/5/09 at 10:30 a m, the administrator acknowledged the exterior of the building needs to be painted and the garage is in need of work. | A43 | | |

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| A43 | Continued From page 9<br>Refer to 7.8.2.43 C. Storage areas must be kept free from accumulation of refuge, discarded furniture, old newspapers, that create a fire hazard.<br><br>Based on observation and interview the facility failed to assure a storage area was kept free from accumulation of refuge and discarded furniture that create a fire hazard. In the event of a fire this practice has the potential to affect all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 15 and the census was 11. The findings are:<br><br>A) Tour of the facility on 6/5/09 at 9:30 a m, revealed the garage had boxes, furniture and other miscellaneous items stored in piles around the garage.<br><br>B) In the exit interview with the administrator on 6/5/09 at 10:30 a m, the administrator acknowledged the garage needs to be cleaned up and organized. | A43 | 1. The garage areas be cleaned and areas repaired to ensure safety and compliance<br><br>2. the facility will be reviewed by maintenance to ensure all areas are safe and in compliance<br>3. Administrator and maintenance staff will ensure compliance and a fire inspection will be called to ensure compliance.<br>4. This corrective plan will take outside resources and time to complete - requesting additional time for completion | 9/15/09 |
| A44 | 7 NMAC 8.2.44 Hazardous Areas<br><br>7.8.2.44 HAZARDOUS AREAS:<br>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;<br>(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;<br>(2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. | A44 | | |

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| A44 | Continued From page 10<br><br>(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.<br>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]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22697<br>Refer to 7.8.2.44 A. Hazardous areas as defined per NFPA 101 (Life Safety Code)<br>(1) Enclosure of at least one hour fire rating with self closing . . . fire doors.<br><br>Based on observation, the facility's practice failed to assure hazardous areas are separated by a fire resistive rating of not less than one-hour and failed to assure the doors were provided with self-closing devices. In the event of a fire this practice has the potential to affect all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 15 and the census was 11. The findings are:<br><br>A) Tour of the facility on 6/5/09 at 8:30 a m revealed the following:<br>1. The boiler room had several penetrations | A44 | | |

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| A44 | Continued From page 11<br>through the walls and floor that were not sealed to maintain one hour fire rating.<br>2. The self closing device on the boiler room door was not working and the door would not shut completely.<br>3. The Hot Water Heater room had several penetrations through the walls and floor that were not sealed to maintain one hour fire rating.<br>4. The Hot Water Heater room door was not equipped with a self closing device.<br>5. The garage is classified as a hazardous area due to housing the facility's electrical panels.<br>6. The garage ceiling is not constructed of one hour fire rated material and has several openings and gaps into the attic of the facility, one of which is approximately 4 feet by 8 feet.<br>7. The garage door abuts with a primary means of escape onto the enclosed back porch and the door is not a self closing fire door having a 3/4 hour rating.<br><br>B) In an interview with staff S20 on 6/5/09 at 9:30 a m, staff S20 acknowledged the above listed deficiencies.<br><br>C) In the exit interview with the administrator on 6/5/09 at 10:30 a m, the administrator was informed of the above listed deficiencies. | A44 | 1. All areas of penetraton in the boiler room, hot water room and garage area will be sealed, self closing device on hot water room will be installed, garage ceiling will be repaired to meet safety compliance.<br><br>2. The facility will be reviewed by maintenance to ensure all areas are safe and in compliance<br>3. Administration and maintenance staff will ensure compliance and a fire inpection will be called to ensure compliance<br><br>4. This corrective plan will take outside resources and time complete - requesting additional time for completion. | 9/15/09 |
| A49 | 7 NMAC 8.2.49 Elements of Facility Electrical System<br><br>7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM:<br>A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service.<br>B. All staff personnel of the facility must know the location of the electrical disconnect | A49 | | |

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|---|---|---|---|
| | 5399 | A. BUILDING _____ B. WING _____ | 06/05/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SENIOR LIVING SYSTEMS HWY 47 | 3216 HIGHWAY 47 S LOS LUNAS, NM 87031 |

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| A49 | Continued From page 12<br>switch and how to operate it in case of emergency.<br>C. Electrical cords and appliances must be U/L approved.<br>(1) Electrical cords shall be replaced as soon as they show wear.<br>(2) Extension cords are prohibited.<br>EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted.<br>[7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00]<br>K<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22697<br>Refer to 7.8.2.49 A. All fuse and breaker boxes must be labeled . . .<br><br>Based on observation and interview, the facility failed to ensure that all fuse and breaker boxes were labeled to indicate area of service in accordance with NFPA 70 (National Electrical Code). In the event the power requires to be terminated quickly at the electrical panels, these circuits would not be identifiable. This practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 15 and the census was 11. The findings are:<br><br>A) Tour of the facility on 6/4/09 at 12:22 p m, revealed circuit breakers 5, 7, 13, 31 - 39, 6 - 16, 26 - 32, and 38 - 40 were not labeled to indicate the area of service. | A49 | | |

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| A49 | Continued From page 13<br><br>B) In an interview with staff S16 on 6/4/09 at 12:22 p m, staff S16 acknowledged the circuit breakers were not all labeled to indicate the area of service.<br><br>C) In the exit interview with the administrator on 6/5/09 at 10:30 a m, the administrator acknowledged the circuit breakers were not all labeled to indicate the area of service. | A49 | 1. Fuses in the circut breaker will be re-labeled for clear reading<br><br>2. All fuse boxes will be examined to ensure that they are properly labeled<br><br>3. Administration will observe corrective acton<br><br>4. Completed by | 7/15/09 |
| A55 | 7 NMAC 8.2.55 Resideint Rooms<br><br>7.8.2.55 RESIDENT ROOM:<br>A. Each resident room must be an outside room with a window. The area of the outdoor window shall be at least 1/10th the floor area of the room.<br>B. There must be no through traffic in resident rooms.<br>C. Resident rooms must communicate directly with other areas of the facility. Toilet and bathing facilities must be located to meet the needs of the residents.<br>D. Resident rooms may be private or semi-private. Semi-private rooms may not house more than two (2) residents. EXCEPTION: Facilities that provide programmatic services for alcohol or drug dependency on a short term (30-60 days) may have dormitories with no limitation on number of residents as long as minimum square footage requirements are met.<br>(1) Private Rooms: must have a minimum of one hundred (100) square feet of floor area. Closet and locker area shall not be counted as part of the available floor space.<br>(2) Semi-Private Rooms: must have a minimum of eighty (80) square feet of floor area for each bed and be furnished in such a manner that the room is not crowded or passage out of | A55 | | |

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| A55 | Continued From page 14<br>the room is obstructed. Closet and locker area shall not be counted as part of the available floor space.<br>(3) Dormitories/Wards: must have a minimum of sixty (60) square feet of floor area for each bed. Closet and locker area shall not be counted as part of the available floor space.<br>E. If a resident chooses not to bring in his/her own furnishings, each resident room shall be provided with, as a minimum, the following per resident:<br>F. Furnishings:<br>(1) Resident beds shall be at least thirty-six (36) inches wide, of sturdy construction, and in good repair.<br>(2) Each bed shall be provided with a clean, comfortable mattress of at least four (4) inches in thickness, which is waterproof, or protected with a waterproof covering, and a mattress pad.<br>(3) Each bed shall be provided with a clean, comfortable pillow.<br>(4) Each bed shall be provided with a pillow case, two (2) clean sheets, blankets, and a bedspread appropriate for the weather and climate.<br>(5) Beds shall be spaced at least three (3) feet apart.<br>(6) An individual closet or closet area with a clothes rack for hanging clothes and shelves or drawers that are accessible to the resident.<br>(7) A bedside table or desk.<br>(8) A chair.<br>(9) A reading lamp.<br>(10) A mirror in the resident room.<br>(11) Window shades, drapes, curtains, or blinds, in good repair and of flame-retardant materials.<br>[7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, | A55 | | |

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| A55 | Continued From page 15<br>1-11-90, 4-7-97; 7.8.2.55 NMAC - Rn, 7 NMAC 8.2.55, 8-31-00]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22697<br>Refer to 7.8.2.55 D. . . . Semi-private rooms may not house more than two (2) residents.<br><br>Based on observation and interview the facility failed to insure there were not more than 2 residents to a room. The findings are:<br><br>A) Tour of the facility on 6/4/09 at 7:30 a m, only 7 resident rooms were observed for occupancy. The facility license revealed the facility is licensed for fifteen (15) residents, which would mean at least one room would have to be used for three residents for the facility to be at full capacity.<br><br>B) In an interview with staff S16 on 6/4/09 at 12:10 p m, staff S16 acknowledged resident room G is normally used for 3 residents for the facility to have full census of 15 residents. | A55 | 1. The letter submitted to Rita Meeks, per Ruby Munholland recommendation for a letter clarifying the grandfather provision and updating the provision in the letter dated June 1997<br>2. The facility has been licensed for 15 residents continuously since 1990 and this capacity does not jeopardize the safety of of the ~~residents~~ residents<br>3. Letter attached for reference and administrator will contact Rita Meeks for followup<br>4. Letter submitted requesting update of June 1997 letter 7/16/2009 | |
| 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. EXCEPTION: Adult residential care facilities with 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 | A60 | | |

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| A60 | Continued From page 16<br>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><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 22697<br>Refer to 7.8.2.60 A. FIRE ALARM SYSTEM<br><br>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 practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey the licensed capacity of the facility was 15 and the census was 11. The findings are:<br><br>A) In an observation during a Fire Drill on 6/5/09 at 7:58 a m, the fire alarm strobes throughout the building were not synchronized to flash together when two or more strobes were visible from any location.<br><br>B) In an interview with staff S16 on 6/5/09 at 8:10 | A60 | 1. Emergency lighting system will be corrected to eliminate the strobing affect<br>2. All emergency lights will be checked to ensure compliance<br>3. American Fire and Safety will correct system and ensure complaince<br>4. Date Completed 7/15/09 | |

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| A60 | Continued From page 17<br>a m, staff S16 acknowledged she did not know the fire alarm strobes were suppose to be synchronized and further acknowledged she did not know this has the potential to cause seizures. | A60 | | |